RI SOS Filing Number: 200953671810 Date: 10/30/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company		
000106045	NARRAGANSETT BUSINESS DEVELOPMENT, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RI	BUSINESS DEVELOPMENT CONSULTING		
5. Principal office address	City	State	Zip
32 ELM LN	BARRINGTON	RI	02806

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
CINDY JOHNSON-CANHA			
Street Address	City	State	Zip
32 ELM LN	BARRINGTON	RI	02806

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name		
MARK F. CANHA			
Street Address	Street Address		
32 ELM LN			
City / State / Zip	City	State	Zip
BARRINGTON RI 02806			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] [redacted]

Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Cindy Johnson-Canha 28OCT09
Signature of Authorized Person *Date*

[redacted] CINDY JOHNSON-CANHA
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 30 2009
By:	By: 1048

81-86-445573
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08