

	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	 LOGOUT

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

 Help with this form

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.

ANNUAL REPORT YEAR: 2012
1. ID No. <u>000292531</u>
2. Exact Name of the Limited Liability Company <u>The Barrett Group, LLC</u>
3. State of Formation State: <u>NY</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island CAREER MANAGEMENT CONSULTING SERVICES
5. Principal Office Address No. and Street: 100 JEFFERSON BLVD. , SUITE 310 City or Town: WARWICK State: RI Zip: 02888 Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 100 JEFFERSON BOULEVARD City or Town: WARWICK State: RI Zip: 02888 Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

FILED

AUG 29 2012

BY 2543

First Name:	Middle Name:	Last Name:	Suffix:
Address:	City:	State:	Zip:
			Country:
			Clear Add

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

WAFFLES PI NATUSCH 100 JEFFERSON BOULEVARD WARWICK , RI 02888

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:

No. and Street:

- Same Address as -

City or Town:

State:

Zip:

Country:

Contact Phone:

ext:

Contact Email: rosemarie@careerchange.com

Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 24 Day of August, 2012 at 9:25:53 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By Rosemarie Rossi

Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

• Accept

Decline

Click [HERE](#) to Submit This Information

Form No. 632
Revised 09/07

FILED



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BY ID 292531

