



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

Limited Liability Company  
Annual Report 2012

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-6, any 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. 000507107

2. Exact Name of the Limited Liability Company To Do Consulting, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Project Management Contractor

5. Principal Office Address

No. and Street: 2 HEMLOCK COURT  
City or Town: GREENVILLE State: RI Zip: 02828 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Barbara Kowack-Murthy Contact Title: President/Owner  
No. and Street: 2 HEMLOCK COURT  
City or Town: GREENVILLE State: RI Zip: 02828 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS

Name

Barbara Kowack-Murthy

Address

Address, City or Town, State, Zip Code, Country

2 Hemlock Court  
Greenville, RI 02828 USA

FILED

SEP 19 2012

BY 238

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

NATIONAL REGISTERED AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 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: Barbara Kowack-Murthy

Business Name: To Do Consulting, LLC

No. and Street: 2 HEMLOCK COURT

City or Town: GREENVILLE

State: RI

Zip: 02828

Country: USA

Contact Phone: (401) 617-4994 ext:

Contact Email: BarbKM6@gmail.com

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 18 Day of September, 2012 at 5:51:28 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 Barbara Kowack-Murthy

Signature of Authorized Person

Form No. 632  
Revised 09/07

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