



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

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2013

**1. ID No.** 000141400

**2. Exact Name of the Limited Liability Company** IMPLEMENTATION PARTNERS, LLC

**3. State of Formation**

State: RI

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

BUSINESS PROCESS IMPROVEMENT CONSULTING

**5. Principal Office Address**

No. and Street: 65 INKBERRY TRAIL

City or Town: NARRAGANSETT State: RI Zip: 02882 Country: USA

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

Contact Name: TERI MONTZ Contact Title: CONTROLLER

No. and Street: 1300 PURCELL LANE

City or Town: CHICO State: CA Zip: 95926 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CHARLES DODD STARBIRD	2065 BEACON HILL WAY ALPHARETTA, GA 30005 USA

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

JEAN M. GABRIELE 65 INKBERRY TRAIL NARRAGANSETT , RI 02882

**Signed this 6 Day of August, 2013 at 3:58:37 PM 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 TERI MONTZ  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

