

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

1. Entity ID No. 2. Exact name of the limited liability company Machine Safety Assessment LLC 563516 3. State of Formation CONSUltiNA 5. Principal office address State 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: 7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST</u> ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address Street Address City City State Zip State Zip Manager Name Manager Name Street Address Street Address State City State Zip City Zip 8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED

FEB 0 3 2014

File Date	Under penalty of perfury, 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. Signature of Authorized Person Print of Type Name of Authorized Person
By: FOR SECRETARY OF STATE USE ONLY	

Form No. 632 Revised: 01/2012