

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

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

| 1. Entity ID No. | | 2. Exact name of the limited liability company | | | | | |
|---|-----------------------|--|-----------------------------------|--|---------------------|---|--|
| 157548 | Dynamic | Communication | on, LLC | | | | |
| 3. State of Formation | 4. Brief desc | ription of the charac | ter of business conducted in Rhoo | e Island | · · · | | |
| Rhode Island | Consulti | ng services | | | | | |
| 5. Principal office address 121 Benevolent Street | | | City Providence | State RI | Zip 02906 | | |
| 6#MAILING ADDRESS OF | MIMITED: LABICIT | Y COMPANY AND | KAMEORTIHE OBJONIA GE | tales of the state | | | |
| Contact Name Cliff Dutton | | | Contact Title | Contact Title | | | |
| Street Address 121 Benevolent Street | | | City Providence | State RI | Zip 02906 | _ | |
| 7. LIST ALL MANAGERS ("X" BOX FOR ATTACH | | RESSES) OF THE | LIMITED LIABILITY COMPANYA | FAPRERAGES DO | NOTHISTMEMBERS: | を | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zìp | _ | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | _ | |
| idal najedova (dekojenia) | | | | | | 7 | |
| This information is curre | ntly of record in the | Office of the Secr | etary of State. Changes require | filing Form 642. | | _ | |
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FILED

FEB 1 0 2014

| File Date | | 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. | | |
|---------------------------------|---|---|--|--|
| Check No. | Signature of Authorized Person Date | 1 | | |
| By: | Signature of Authorized Person Date | | | |
| | Cliff Dutton | | | |
| FOR SECRETARY OF STATE USE ONLY | Print or Type Name of Authorized Person | Print or Type Name of Authorized Person | | |