

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 co	ompany				\neg
£504729	Cip Consulting	& Marketin	g L.C.C			
3. State of Formation	4. Brief description of the character of	business conducted in Rhode Isla	and			
RI	marketing & pro	motions for F	products			
5. Principal office address 38 Bray ton Yell 6. MAILING ADDRESS OF LIM	Suite 1	Smithfield on title of contact pers	State	Zip UQ	717	
Contact Name	HER CHARLETT COMPANT AND NAME	Contact Title	ON;			B
Jessia K. Ci	priano Reynolds	Owner				İ
Street Address 38 Brayton	Rd Suite 1	Smithfield	State	Zip Oã	917	
7. LIST ALL MANAGERS (NAT "("X" BOX FOR ATTACHMEN	MES AND ADDRESSES) OF THE LIMIT	ED LIABILITY COMPANY, IF AP	PLICABLE - <u>DO NO</u>	T LIST M	EMBERS	3
Manager Name				- Almedic	. Gerbalan	arang.
Tvanager Tvame		Manager Name			201	고디
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City	State Zip	City	State	Zip		2
Manager Name		Manager Name				
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City	State Zip	Otty	State	Zip	Ю	
8. RESIDENT AGENT IN RHOD	EISLAND					ý na
This information is currently o	f record in the Office of the Secretary	of State, Changes require filing	Form 642.	Company Company		reto fit a

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Under penalty of perjury, I declare and affirm that I have examined this report, including any adcompanying schedules and statements, and that all statements dordained herein are true and correct.

Sure Print of Authorized Person

Date

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012