RI SOS Filing Number: 201448861400 Date: 10/24/2014 4:00 PM

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

ANNUAL REPORT YEAR: 2014

1. ID No. 000144759

2. Exact Name of the Limited Liability Company PROVOYANT LLC

3. State of Formation

State: RI

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

DESIGN, MARKETING AND NEW BUSINESS DEVELOPMENT CONSULTING SERVICES TO BUSINESS AND INDIVIDUALS

FILED
OCT 24 2014
BY CH 235100

RECEIVED
2014 OCT 24 PM 2:53
SECRETARY OF STATE
CORPORATIONS DIV

5. Principal Office Address

No. and Street: 9 BICKNELL AVENUE

City or Town: EAST GREENWICH RI Zip: 02818 USA

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

Contact Name: Contact Title:
No. and Street: 9 BICKNELL AVENUE

City or Town: EAST GREENWICH RI Zip: 02818 USA

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

Delete	Name	Address Address, City or Town, State, Zip Code, Country
112849-1-997252	PHILIP J HAWTHORNE	9 BICKNELL AVENUE EAST GREENWICH, RI 02818 USA

Address: City: Zip:

Clear Add

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

PHILIP J. HAWTHORNE 9 BICKNELL AVENUE EAST GREENWICH , RI 02818

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: PHILIP HAWTHORNE
Business Name: PROVIDANT, LLC
No. and Street: 9 BICKNELL AVE - Same Address as - :

City or Town: EAST GREENWICH RI Zip: 02818 USA
Contact Phone: 401 219 1535 ext:
Contact Email: philip.hawthorne@gmail.com Clear
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 24 Day of October, 2014 at 11:57:50 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
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this filing will be litigated under the statutes and common laws of the State of Rhode Island.

Accept Decline

Click HERE to Submit This Information

Form No. 632
Revised 09/07