

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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.

Rhode Island 5. Principal office address 89 Hudson Pond Road 6. MAILING ADDRESS OF LIMITED LI Contact Name Janet L. Theroux Street Address 89 Hudson Pond Road 6. LIST ALL MANAGERS (NAMES ANI ("X" BOX FOR ATTACHMENT) Manager Name	Sulting/Software c	City West Greenwich NAME OR TITLE OF CONTACT PER Contact Title Member City West Greenwich	State RI SON:	Zip 92817 Zip	
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RESIDENT AGENT IN RHODE ISLAN		retary of State. Changes require filing			

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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.		
Ву	Signature of Authorized Person Date	<u>x</u> 75	
FOR SECRETARY OF STATE USE ONLY	Janet L. Theroux		
	Print or Type Name of Authorized Person	—	

Form No. 632 Revised: 01/2012