

STATE OF RHODE ...AND 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.

1. Entity ID No.	2. Exact name of the limited liability company NANCY A. BLACK CONSULTING, LLC						
792759	(Fictition	(Fictitious Name "Succeed Educational Consulting, LLL")					
3. State of Formation	I	,	r of business conducted in Rhode I				
RHODE ISLAND	Educational consulting, counseling and placement services						
5. Principal office address 2444 East Main Rd.			City PORTSMOUTH	State RI	Zip 02871		
	Allertic crethol	१८ (३६६) व सहस्रकात्राहरू ।	-yaliba albanya yan kalangan kalangi yang menja	(42(e))			
Contact Name NANCY A. BLACK			Contact Title MANAGER				
Street Address 2444 East Main Rd.			City PORTSMOUTH	State RI	^{Zip} 02871		
्वारक त्रुप्त । (स्वरणक्ष्मव्यक्षिक हुर् १४४ वर्षको सम्बद्धकारक कृष्णकर्मकोरी)		B리파워크라 (m B)[라 #]	Magalor e reginares e la la Colego de Historia.	ទុះវិទី១៨(នៃ១ <u>:ទី១</u> ៩៨៨ ខាន់ទី)	: १४७७: . नारका डॉपन्डी सामे <u>:</u>	ŧ	
Manager Name NANCY A. BLACK			Manager Name				
Street Address 2444 East Main Rd.			Street Address				
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
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This information is currently	y of record in th	e Office of the Secret	ary of State. Changes require fill	ng Form 642.			

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লানে শ্রেক্ত প্রকৃতিক করিছে ক্যান ক্যান 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.

Signature of Authorized Person

Date

NANCY A. BLACK - MANAGER

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012