

## 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

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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				
799750	Terceira Consulting LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	To engage in educational consulting, grant writing, photographic sales & service.				
5. Principal office address 253 Central Pike			City Scituate	State RI	Zip <b>02857</b>
	LIMITED LIABILIT	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:	The state of the s
Contact Name Anthony Terceira			Contact Title Manager		
Street Address 253 Central Pike			City Scituate	State <b>RI</b>	Zip <b>02857</b>
7. LIST <u>ALL</u> MANAGERS ( ("X" BOX FOR ATTACHI	NAMES AND ADD	PRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS
Manager Name Anthony Terceira			Manager Name		
Street Address 253 Central Pike			Street Address		
City <b>Scituate</b>	State RI	Zip <b>02857</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RI	HODE ISLAND				
		Office of the Secret	ary of State. Changes require	filing Form 642	
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FILED OCT 0 8 2015

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,

Signature of Authorized Person

Date

FOR SECRETARY OF STATE USE ONLY

**Anthony Terceira** 

Print or Type Name of Authorized Person

and that all statements contained berein are true and correct.

Form No. 632 Revised: 01/2012

File Date \_

Check No \_