

## 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 2015

Filling 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 Cromwell Public Affairs, LLC						
152168								
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island						
Rhode Island	To provid	To provide public policy consulting services to corporations and/or individuals						
5. Principal office address 649 Hope Street			City Bristol	State RI	Zip <b>02809</b>			
6/MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OF TITLE OF CONTACT	PERSON:				
Contact Name Catherine M. Cromwell		Contact Title						
Street Address 649 Hope Street			City Bristol	State RI	<sup>Zip</sup> <b>02809</b>			
7. LIST ALL MANAGERS ( "X" BOX FOR ATTACH	NAMES AND ADD MENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS			
Manager Name Street Address			Manager Name Street Address					
							City	State
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8 RESIDENT AGENT IN R	HODE ISLÂND		Section 1					
This information is curren	tly of record in the	e Office of the Sec	retary of State. Changes requi	re filing Form 642.				

	A COMPANY OF A PROPERTY AND A STATE OF THE STATE OF T	THE COURSE AND THE A PERSON	of configuration and configura	The second secon
	-	66.0		
	(4)			
		- 7		
	4.			and the Benefit of
- FILE LISTA				
File Date				CONTRACTOR NO.
· · · · · · · · · · · · · · · · · · ·				
4/ Turk				210.0
	1.1		<b>*</b>	
Check N				<b>-</b>
- Oliopiditi				
2,61	2.75	C.		
	44	18		
	the second second second	- 1111		
		and A half of the part of the	CONTRACTOR CONTRACTOR	
		2 DEEL 240		
755				
Call Control of the C	-	OF STA	THE RESERVE	ONLÝ
FORSE	REIGHT	UE 514	V = 10.05	CRLI
				21.06.0
- 1	100			. 300.5**
2.48				3 No. 2 No.
100	1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The second second	

Form No. 632 Revised: 01/2012 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

Catherine M. Cromwell

Print or Type Name of Authorized Person