

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - Filing Fee: \$50.00" - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. 1D No. 555326		ct name of the limited liability company M Consulting, LLC					
Phou Island	2how Island 4. Brief description of the character of the but Operation of a consulting busin			stness which is actually conducted in Rhode island BSS.			
5. Principal office address 43 Wayland Avenue				City Cranston	State RI	^{Ζίρ} 02 92 0	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAMI Contact Name Deborah Stravato				D NAME OR TITLE OF CONT Contact Title Member	Contact Title		
Street Address -13 Wayland Avenue				сть Cranston	State RI	^{Ζφ} 029 2 0	
7. NAME AND AL	DRESS OF			ED LIABILITY COMPANY, IF ING ATTACHMENTS (X* BO			
Mas:ager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
Cuy		State	Zip	City	State	Zip	
Minager Name				Manager Name	Manager Name		
Street Address				Street Address			
	X .0250 (2000)	State	Zip	City	State	Zip	
inis information is	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ODE ISLAND f record in the Offi	ce of the Secretary	of State. Changes require filing	of Form 642 - R.I.G.L. 7-1	6-11	
Phod							

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED

555326

OCT 1 9 2015

SECRETARY OF STATE USE ONLY

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

Deborah Stravato Print or Type Name of Authorized Person