

## 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

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				
927114	D'Amico	D'Amico Consulting, LLC				
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
RI	Engage	Engage in consulting services				
5. Principal office address 77 Blackstone Boulevard			City Providence	State <b>RI</b>	Zip <b>02906</b>	
A MAILING ADDRESS OF L	IMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTAC	PERSON ***		
Contact Name Michael D'Amico			Contact Title	Contact Title		
Street Address 77 Blackstone Boulevard			City Providence	State <b>RI</b>	Zip 02906	
ZILIST ALITMANAGERS (N RECXEBOX FOR ATTACHM	AMÉS AND ADD	RESSES) OF THE	LIMITED LABILITY COMPANY	alangara da	S SAE BINEMER (SPECOS)	
Manager Namo I			Manager Name	Manager Name		
Street Address	ddress			Street Address		
City	State	Zio	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8 RESIDENT AGENT INTRH	Account to the second s					
inis information is currently	y of record in the	e Uπice of the Seci	retary of State, Changes requi	re tiling Form 642.		

FILED OCT 1 9 2015

FIG Date
Check No.

By
FOR SECRETARY OF STATE USE ONLY

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

Michael D'Amico

Print or Type Name of Authorized Person