State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2015

1. ID No. 000851850

2. Exact Name of the Limited Liability Company Centered Change LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Through an approach rooted in cognitive science and gender study, we work with teams to unlock unconscious biases, explore passions and hidden talents, disrupt thought patterns that derail forward movement, and develop a roadmap to an accelerated leadership path and sustainable organizational change.
Our results-oriented workshops, will help you build a better team, better leaders, and capitalize on under utilized talent that already exisits in your company.
All of our services are built on our ESPAVO Leadership Practice Model

5. Principal Office Address

No. and Street: 145 WATERMAN STREET
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DONNA SAMS Contact Title: PARTNER
No. and Street: 145 WATERMAN STREET
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	TEJAL TARRO	28 SOPHIA LANE GREENVILLE , RI 02828 USA
MANAGER	DONNA SAMS	48 MCCLELLAN STREET

		PROVIDENCE, RI 02909 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DONNA M. SAMS 48 MCCLELLON STREET PROVIDENCE , RI 02909

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

Signed this 21 Day of December, 2015 at 10:32:53 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DONNA SAMS
Signature of Authorized Person

Form No. 632
Revised 09/07