

1. Entity ID No.

## 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 20

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

2. Exact name of the limited liability company

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

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. State of Formation	4. Brief descrit	ption of the character of b	usiness conducted in Rhode Islan	ıd	,
RI	BUSINE	SS RISK MA	hagement Consul	Tulk	
Principal office address ON WEST BAY	Dewe		City NARRAGANSE TT	State PI	7ip 02882
	TED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERSO	n: 455 G	
Contact Name J. DAVIO SMITH			Contact Title		
Street Address 101 WEST BAY DRIVE			City NARRAGANG 17	State R-I	28820
LIST ALL MANAGERS (NAM ("X" BOX FOR ATTACHMEN		ESSES) OF THE LIMITE	D LIABILITY COMPANY, IF APPI	LICABLE - <u>DO</u> 1	OT LIST MEMBER
Manager Name			Manager Name		
Street Address			Street Address		
ity	State	Zip	City	State	Zip
anager Name			Manager Name		
Street Address			Street Address		
ity	State	Zip	City	State	Zip
RESIDENT AGENT IN RHOD	E ISLAND				
nis information is currently o	f record in the (	Office of the Secretary of	f State. Changes require filing F	orm 642.	
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File Date		1 .	this report, including any a and that all statements con	ccompanying so	chedules and stateme
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			HUKKY		12/28/15
By:	AATAN WATER CONTRACTOR		Signature of Authorized Pers		Date
FOR SECRETARY OF STATE	USE ONLY		J. DAVIN SMI	* <b></b>	
			Print or Type Name of Author	ized Person	

Form No. 632 Revised: 01/2012