



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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

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

1. Entity ID Number		2. Exact name of the Limited Liability Company	
000796618		March Brown LLC	
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island	
De		Corporate consulting	
5. Principal Office Address		City	State
1 West Exchange Street Suite 2704		Providence	RI
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person		City	State
Contact Name: Robert N. Dangremond		Contact Title: Member Manager	
Street Address: 1 West Exchange Street Suite 2704		City: PROVIDENCE	State: RI
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS		Zip: 02903	
Manager Name: N/A		Manager Name	
Street Address		Street Address	
City	State	City	State
City	State	City	State
City	State	City	State
Check the box to indicate an attachment <input type="checkbox"/>			
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.			
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.			
Name of Authorized Person			Date
Robert N. Dangremond			5/3/16
Signature of Authorized Person			
SIGN DOCUMENT HERE			

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 SECRETARY OF STATE
 CORPORATIONS DIV.
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 MAY 05 2016
 BY 273696