



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 **2014**

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.<br><b>322934</b>                                                                                                                                     |                    | 2. Exact name of the limited liability company<br><b>Coffey Consulting, LLC</b>                                                                                                                                                                |      |                    |                     |
| 3. State of Formation<br><b>Maryland</b>                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Multi-disciplined professional and technical services including research studies, evaluations and analyses, TA and training, management consulting, etc.</b> |      |                    |                     |
| 5. Principal office address<br><b>4720 Montgomery Lane, Suite 1050</b>                                                                                                |                    | City<br><b>Bethesda</b>                                                                                                                                                                                                                        |      | State<br><b>MD</b> | Zip<br><b>20814</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON                                                                                   |                    |                                                                                                                                                                                                                                                |      |                    |                     |
| Contact Name<br><b>Amy C. Coffey</b>                                                                                                                                  |                    | Contact Title<br><b>Senior Vice President</b>                                                                                                                                                                                                  |      |                    |                     |
| Street Address<br><b>4720 Montgomery Lane, Suite 1050</b>                                                                                                             |                    | City<br><b>Bethesda</b>                                                                                                                                                                                                                        |      | State<br><b>MD</b> | Zip<br><b>20814</b> |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE • DO NOT LIST MEMBERS<br>(“X” BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                                                                                                                                                                                                                                                |      |                    |                     |
| Manager Name<br><b>Lester Coffey</b>                                                                                                                                  |                    | Manager Name                                                                                                                                                                                                                                   |      |                    |                     |
| Street Address<br><b>4720 Montgomery Lane Suite 1050</b>                                                                                                              |                    | Street Address                                                                                                                                                                                                                                 |      |                    |                     |
| City<br><b>Bethesda</b>                                                                                                                                               | State<br><b>MD</b> | Zip<br><b>20814</b>                                                                                                                                                                                                                            | City | State              | Zip                 |
| Manager Name                                                                                                                                                          |                    | Manager Name                                                                                                                                                                                                                                   |      |                    |                     |
| Street Address                                                                                                                                                        |                    | Street Address                                                                                                                                                                                                                                 |      |                    |                     |
| City                                                                                                                                                                  | State              | Zip                                                                                                                                                                                                                                            | City | State              | Zip                 |
| 8. RESIDENT AGENT IN RHODE ISLAND                                                                                                                                     |                    |                                                                                                                                                                                                                                                |      |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                     |                    |                                                                                                                                                                                                                                                |      |                    |                     |

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FOR 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.

Amy C. Coffey 1/5/16  
Signature of Authorized Person Date

Amy C. Coffey  
Print or Type Name of Authorized Person