



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

148 W. River Street, Providence, Rhode Island 02904-2615  
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**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                              |       |       |     |
| 000869960                                                                                                                                                                                                   |       | Global Student Exchange LLC                                                 |       |       |     |
| 3. State of Formation                                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island |       |       |     |
| RI                                                                                                                                                                                                          |       | Student Recruitment and enrollment Agency                                   |       |       |     |
| 5. Principal Office Address                                                                                                                                                                                 |       | City                                                                        | State | Zip   |     |
| 102 Cleveland St                                                                                                                                                                                            |       | Pawtucket                                                                   | RI    | 02860 |     |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                             |       |       |     |
| Contact Name                                                                                                                                                                                                |       | Contact Title                                                               |       |       |     |
| Lahcen Bizrayane                                                                                                                                                                                            |       | Founder                                                                     |       |       |     |
| Street Address                                                                                                                                                                                              |       | City                                                                        | State | Zip   |     |
| 102 Cleveland St                                                                                                                                                                                            |       | Pawtucket                                                                   | RI    | 02860 |     |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                             |       |       |     |
| Manager Name                                                                                                                                                                                                |       | Manager Name                                                                |       |       |     |
| Street Address                                                                                                                                                                                              |       | Street Address                                                              |       |       |     |
| City                                                                                                                                                                                                        | State | Zip                                                                         | City  | State | Zip |
| Manager Name                                                                                                                                                                                                |       | Manager Name                                                                |       |       |     |
| Street Address                                                                                                                                                                                              |       | Street Address                                                              |       |       |     |
| City                                                                                                                                                                                                        | State | Zip                                                                         | City  | State | Zip |
| 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.                                                                      |       |                                                                             |       |       |     |
| <b>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.</b> |       |                                                                             |       |       |     |
| Name of Authorized Person                                                                                                                                                                                   |       | Date                                                                        |       |       |     |
| Lahcen Bizrayane                                                                                                                                                                                            |       | 06/03/2016                                                                  |       |       |     |
| Signature of Authorized Person                                                                                                                                                                              |       | SIGN DOCUMENT                                                               |       |       |     |

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