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

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Annual Report for the year: 2016
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
001339364	KAREN A. DAVIE & Associates LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	not-for-profit consulting & assisting boards, organizations & executive staff		
5. Principal Office Address	City	State	Zip
325 Blackstone Blvd	Providence	RI	02906
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: KAREN A. DAVIE	Contact Title: PRESIDENT		
Street Address: 325 Blackstone Blvd	City: Providence	State: RI	Zip: 02906
7. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name: I am the sole member - see above	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 ☐			
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: KAREN A. DAVIE	Date: 8/22/2016		
Signature of Authorized Person: Karen A. Davie			

FILED
AUG 17 2016
By 281499
KM

MAIL TO:
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