



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. ID No.** 001335213

**2. Exact Name of the Limited Liability Company** J. Walter Thompson USA, LLC

**3. State of Formation**

State: DE

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code  541810

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

ADVERTISING

**5. Principal Office Address**

No. and Street: C/O WPP  
100 PARK AVENUE, 4TH FL.  
City or Town: NEW YORK State: NY Zip: 10017 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: KEVIN FAREWELL Contact Title: MANAGER  
No. and Street: C/O WPP  
100 PARK AVENUE, 4TH FL.  
City or Town: NEW YORK State: NY Zip: 10017 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	TOM LOBENE	C/O WPP, 100 PARK AVE., 4TH FL.

MANAGER	KEVIN FAREWELL	NEW YORK, NY 10017 USA C/O WPP, 100 PARK AVE., 4TH FL. NEW YORK, NY 10017 USA
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI 02903

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 8 Day of September, 2016 at 2:55:33 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By KEVIN FAREWELL  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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