



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. 001338928

2. Exact Name of the Limited Liability Company Lucy H. Spelman, LLC

3. State of Formation

State: RI

ARTICLE III

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

NAICS Code

6

54

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

WRITING AND EDITING, CONSULTING, TEACHING, AND PUBLIC SPEAKING ON THE TOPIC OF ZOOLOGICAL MEDICINE (ZOO AND WILD ANIMAL MEDICINE), ONE HEALTH, CONSERVATION, AND BRINGING ARTISTS AND SCIENTISTS TOGETHER. INCLUDES EDITORIAL WORK ON CHILDREN'S BOOKS ABOUT NATURE AND ANIMALS, GUEST LECTURING, AND SPEAKING ENGAGEMENTS. ALSO INCLUDES PARTICIPATION IN SEVERAL NON-PROFIT ORGANIZATIONS INVOLVED IN WILDLIFE CONSERVATION.

5. Principal Office Address

No. and Street: 68 WARNER STREET, APT. 2

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

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

Contact Name: LUCY SPELMAN Contact Title: CEO

No. and Street: 68 WARNER ST APT 2

City or Town: NEWPORT

State: RI

Zip: 02840

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
-------	--	--

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

LUCY H. SPELMAN 68 WARNER STREET, APT. 2 NEWPORT , RI 02840

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

Signed this 12 Day of September, 2016 at 12:07:57 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 LUCY H. SPELMAN
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved