



**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. 000795658

2. Exact Name of the Limited Liability Company Paribus, LLC

3. State of Formation

State: IL

ARTICLE III

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

NAICS Code 518210

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

DATA AND SOFTWARE COMPANY

5. Principal Office Address

No. and Street: 100 E. COOK AVENUE, SUITE 201

City or Town: LIBERTYVILLE

State: IL Zip: 60048 Country: USA

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

Contact Name: Contact Title:

No. and Street: 100 E. COOK AVENUE, SUITE 201

City or Town: LIBERTYVILLE

State: IL Zip: 60048 Country: USA

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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	MICHAEL HELMART	100 E. COOK AVENUE, SUITE 201 LIBERTYVILLE, IL 60048 USA

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

JOHN F. KENNEDY 453 PAWTUCKET AVENUE RUMFORD , RI 02916

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

Signed this 13 Day of September, 2016 at 1:10:19 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 CHRIS TEGLIA
Signature of Authorized Person

Form No. 632
Revised 09/07

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