



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

**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.

<b>1. Entity ID Number</b> <u>796526</u>		<b>2. Exact name of the Limited Liability Company</b> <u>kathleen a. shannon llc</u>			
<b>3. NAICS Code</b> <u>54</u>		<b>4. Brief description of the character of business conducted in Rhode Island</b> <u>non-profit consultant/grant writer</u>			
<b>5. State of Formation</b> <u>Rhode Island</u>					
<b>6. Principal Office Address</b> <b>7 Chantilly Drive</b>		<b>City</b> <u>Barrington</u>	<b>State</b> <u>RI</u>	<b>Zip</b> <u>02806</u>	
<b>7. Mailing Address of Limited Liability Company and Name or Title of Contact Person</b>					
<b>Contact Name</b> <u>Kathleen A. Shannon</u>		<b>Contact Title</b> <u>Owner</u>			
<b>Street Address</b> <u>7 Chantilly Drive</u>		<b>City</b> <u>Barrington</u>	<b>State</b> <u>RI</u>	<b>Zip</b> <u>02806</u>	
<b>8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS</b>					
<b>Manager Name</b>		<b>Manager Name</b>			
<b>Street Address</b>		<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Manager Name</b>		<b>Manager Name</b>			
<b>Street Address</b>		<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Check the box to indicate an attachment <input type="checkbox"/>					
<b>9. Resident Agent in Rhode Island.</b> This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
<b>Name of Authorized Person</b> <u>Kathleen A. Shannon</u>			<b>Date</b> <u>9/13/2016</u>		
<b>Signature of Authorized Person</b> 					

**MAIL TO:**  
**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov

**FILED**

SEP 16 2016

By LS