



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

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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.

| | | | | | |
|---|--|---------------------------------|--------------------|--|-----|
| 1. ID No. 126227 | 2. Exact name of the limited liability company RICHARD ERICSON CONSULTING, LLC | | | 3. NAICS Code 81 | |
| 4. Brief description of the character of the business which is actually conducted in Rhode Island Consulting. | | | | 5. State of Formation Rhode Island | |
| 6. Principal office address 495 Main Street, P.O. Box 196 | | City Hopkinton | State RI | Zip 02833 | |
| 7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON | | | | | |
| Contact Name Richard A. Ericson, III | | Contact Title Manager | | | |
| Street Address 495 Main Street, P.O. Box 196 | | City Hopkinton | State RI | Zip 02833 | |
| 8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (7X BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name Richard A. Ericson, III | | Manager Name | | | |
| Street Address 495 Main Street, P.O. Box 196 | | Street Address | | | |
| City Hopkinton | State RI | Zip 02833 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 9. RESIDENT AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd. | | | | | |

FILED

SEP 29 2016

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

BY 14263 DS

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.

Richard A. Ericson, III 9-01-2016
Signature of Authorized Person Date

| |
|---------------------------------|
| File Date _____ |
| Check No. _____ |
| By _____ |
| FOR SECRETARY OF STATE USE ONLY |

Richard A. Ericson, III, Manager

Print or Type Name of Authorized Person