State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year:	
→ Filing period: September 1 - November 1	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.	w-

Penalty: Additional \$25.00) iee ii ioriii	is not liled by Dece	ember I.			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
152168	Cromwell Public Affairs, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
<i>\$</i> \	To provide public policy consulting services to corporations and/or individuals					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address	.1		City	State	Zip	
649 Hope Street			Bristol	Ri	02809	
7. Mailing Address of Limited Lia	ability Compa	any and Name or Tit	tle of Contact Person			
Contact Name Catharine M. Cromwell			Contact Title			
Street Address 649 Hope Street			City Bristol	State RI	^{Zip} 02809	
8. List ALL managers (names a	nd addresses	s) of the Limited Lia	bility Company, IF APPLIC	ABLE - DO NOT LIST N	MEMBERS	
Manager Name		Manager Name				
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
-			.	Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Islar	nd. This inform	nation is currently of re	ecord with the Department of	State. Changes require filing	g Form 642.	
Under penalty of perjury, I dec statements, and that all staten				ding any accompanying	g schedules and	
Name of Authorized Person				Date / Oc	<u> </u>	
Catharine M. Cromwell				9/28	0/16	
Signature of Allthorized Person	ull	W SIGN DO	OCUMENT HERE			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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FORM 632 - Revised: 08/2016