State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: **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.

	<del>-</del>	<del>-</del>					
1. Entity ID Number	Entity ID Number 2. Exact name of the Limited Liability Company						
506245	Travis Consulting LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
423430							
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
4 Western Ave.			Barring	ton RI	02806		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Stephen W. Travis		Contact Title Sales					
Street Address		·	City	State	Zip		
Same	<del>-</del>						
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name		Manager Name	Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
Under penalty of perjury, I dec statements, and that all staten	lare and affi	rm that I have	examined this report, incl				
Name of Authorized Person ——— Date							
Stephen W. Ivavil				10-3-16			
Signature of Authorized Person							
			<del>-</del>		<u></u>		
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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 a OCT 0 6 2016