Office of the Secretary of State Division Of Business Services 148 W. River Street Providence R102004-2615 (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 Riv (20) deps 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. 000941937 2. Exact Name of the Limited Liability Company ANN CLARK ARCHITECT 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 81 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islam ARCHITECTURAL SERVICES State: RI Zip: 02906 Country: USA A Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: ANN F. CLARK Contact Title: No. and Street: 2 GEORGE STREET City or Town: Zip: 02906 Country: USA Address of Lach Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBE						
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	Title	Individual Name	•	Ado	Iress	
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MANAGER ANN F. CLARK 2 GEORGE STREET PROVIDENCE, RI 02906 USA	MANAGEF	ANN F. CLARK				
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ANN F. CLARK <u>2 GEORGE STREET</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02906</u>

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

Signed this 11 Day of October, 2016 at 7:18:28 AM 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 <u>ANN F. CLARK</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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