

State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (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 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.

ANNUAL REPORT YEAR: 2016

1. ID No. <u>000941622</u>

- 2. Exact Name of the Limited Liability Company Lexia Learning Systems, LLC
- 3. State of Formation

State: DE

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 511210

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

SALES OF LANGUAGE LEARNING SOFTWARE

5. Principal Office Address

No. and Street: 300 BAKER AVENUE, SUITE 320

City or Town: CONCORD State: MA Zip: 01742 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DONNA REXRODE Contact Title:

No. and Street: 1919 N LYNN ST 7TH FLOOR

135 WEST MARKET STREET

City or Town: ARLINGTON State: VI Zip: 22209 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

| Title | Individual Name | Address |
|---------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| MANAGER | SONIA CUDD | 1919 N LYNN ST 7TH FLOOR ARLINGTON, VA 22209 USA |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A PROVIDENCE, RI 02914

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 9:29:29 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 SONIA CUDD

Signature of Authorized Person

Form No. 632 Revised 09/07

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