

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEP LOF STATE

2016 OCT 13 PM 1: 00

Annual Report for the year: 2016 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.

1. Entity ID Number 129670	2. Exact name of the Limited Liability Company LEONARD PASTER, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
81 - Other Services (except Pul	CONSULTING				
5. State of Formation					
RHODE ISLAND					
6. Principal Office Address			City	State	Zip
400 FLETCHER ROAD			NO. KINGSTOWN	RI	02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name LEONARD PASTER			Contact Title MANAGER		
Street Address 400 FLETCHER ROAD			City NO. KINGSTOWN	State RI	^{Zip} 02852
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name LEONARD PASTER			Manager Name		
Street Address 400 FLETCHER ROAD			Street Address		
City NO. KINGSTOWN	State RI	^{Zip} 02852	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			Che	ck the box to indic	cate 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 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.					
Name of Authorized Person				Date	-
LEONARD PASTER				Date /0/10/1	6
Signature of Authorized Person SIGN DOCUMENT 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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