



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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 <u>132315</u>		2. Exact name of the Limited Liability Company <u>LMG CONSULTING COMPANY, LLC</u>			
3. NAICS Code <u>541611</u>		4. Brief description of the character of business conducted in Rhode Island  <u>CONSULTING</u>			
5. State of Formation <u>RHODE ISLAND</u>					
6. Principal Office Address <u>1486 STONY LANE</u>		City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>MICHAEL GALE</u>		Contact Title <u>OWNER</u>			
Street Address <u>1486 STONY LANE</u>		City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>MICHAEL GALE</u>		Manager Name			
Street Address <u>1486 STONY LANE</u>		Street Address <u>N. A.</u>			
City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City	State	Zip
Manager Name		Manager Name			
Street Address <u>N. A.</u>		Street Address <u>N. A.</u>			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 <u>MICHAEL GALE</u>				Date <u>10/11/2016</u>	
Signature of Authorized Person <u>Michael Gale</u>				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

FILED

OCT 13 2016

BY 1639 DS

FORM 632 - Revised: 08/2016