

State of Rhode Island and Providence Plantations

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

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2016 OCT 14 PM 12: 34

- → 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	2. Exact name of the Limited Liability Company				
788473	Mediation Dialogue Institute LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
81	mediation and conflict Resolution				
5. State of Formation	Train	nina au	nd related (	activi	ties
KI	, LLW	1111 00	v. polo-1004		
6. Principal Office Address			City	State	Zip
127 Yell tolad			nath Scituate	RI	02857
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Eilen Vigila			Contact Title		
Street Address PCCV #11 Road			firsth scituate	State	Zip Da&ケーフ
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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					
Eileen Vieira 10/14/2016.					
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 FILED

OCT 14 2016

FORM 632 - Revised: 08/2016