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  | 2. Exact name of the Limited Liability Company                           |     |                        |             |           |  |  |
|--|--|-----|------------------------|-------------|-----------|--|--|
| 927114   | D'Amico Consulting, LLC  |     |                        |             |           |  |  |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |     |                        |             |           |  |  |
| 54   | Engage in consulting services  |     |                        |             |           |  |  |
| 5. State of Formation  |  |     |                        |             |           |  |  |
| RI   |  |     |                        |             |           |  |  |
| 6. Principal Office Address  |  |     | City                   | State       | Zip       |  |  |
| 20 Summit Farm Drive   |  |     | East Greenwich         | RI          | 02818     |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |     |                        |             |           |  |  |
| Contact Name Michael D'Amico   |  |     | Contact Title          |             |           |  |  |
| Street Address<br>20 Summit Farm Drive   |  |     | City<br>East Greenwich | State<br>RI | Zip 02818 |  |  |
| 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       |  |  |
| Check the box to indicate 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  |  |     |                        |             |           |  |  |
| Michael D'Amico  |  |     |                        |             |           |  |  |
| Signature of Authorized Person SIGN DOCUMENT HERE  |  |     |                        |             |           |  |  |

## MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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