



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. 000521621

2. Exact Name of the Limited Liability Company Retail Data, LLC

3. State of Formation

State: VA

ARTICLE III

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

NAICS Code  51

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

COMPETITIVE RETAIL PRICING COLLECTION, MARKETING RESEARCH AND RETAIL INTELLIGENCE

5. Principal Office Address

No. and Street: 11013 W. BROAD STREET, SUITE 300

City or Town: GLEN ALLEN

State: VA Zip: 23060 Country: USA

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

Contact Name: MARCI BRADBURY Contact Title: FINANCE ANALYST

No. and Street: 11013 W. BROAD STREET, SUITE 300

City or Town: GLEN ALLEN

State: VA Zip: 23060 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CHRISTINE COTTRELL	11013 W. BROAD STREET, SUITE 300 GLEN ALLEN, VA 23060 USA

MANAGER	DAVID COTTRELL	11013 W. BROAD STREET, SUITE 300 GLEN ALLEN, VA 23060 USA
MANAGER	CHRIS F FERGUSON	11013 W. BROAD STREET, SUITE 300 GLEN ALLEN, VA 23060 USA
MANAGER	MARKEL VENTURES LLC	11013 W. BROAD STREET, SUITE 300 GLEN ALLEN, VA 23060 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
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 26 Day of October, 2016 at 12:58:55 PM 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 CHRISTINE COTTRELL  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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