



**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. 000662031

2. Exact Name of the Limited Liability Company CRI Managed Solutions, LLC

3. State of Formation

State: RI

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

INTERNET SOLUTIONS PROVIDER, WEB HOSTING AND DISASTER RECOVERY

5. Principal Office Address

No. and Street: 69 LOU AVENUE
City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

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

Contact Name: Contact Title:
No. and Street: PO BOX 1327
City or Town: CHESHIRE, CT 06410 State: CT Zip: 06410 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
-------	--	--

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LORRAINE M. BRZOZOWSKI 69 LOU AVENUE CHARLESTOWN , RI 02813

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of October, 2016 at 3:55:45 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 LORRAINE BRZOZOWSKI
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved