	State of Rhode Island and Providence Plantations Fee: \$ Office of the Secretary of State
	Division Of Business Services
	148 W. River Street
	Providence RI 02904-2615
HOPE	(401) 222-3040
imited Liability C	Company
nnual Report	
iling Period: Septembe	er 1 - November 1
	G.L. 7-16-66(d), each limited liability company failing or refusing
	within thirty (30) days after the time prescribed by law (R.I.G.L. 7- to a penalty fee of \$25.00.
ANNUAL REPORT YE	
1. ID No. <u>000504</u>	
2. Exact Name of the	e Limited Liability Company <u>STEPHANIE L. BRITTO, LLC</u>
3. State of Formatio	n
State: <u>RI</u>	
Using the following NA	AICS codes, please select the code that best describes your business.
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NAICS Code 4. Brief Description of HEALTHCARE STA 5. Principal Office Act No. and Street: City or Town: 6. Mailing Address of Contact Name: Contact No. and Street: City or Town: Yes 7. Name and Address	6 92 of the Character of the Business Which is Actually Conducted in Rhode Island AFFING AND RECRUITING ddress 28 BAGLEY ROAD WARWICK State: RI zip: 02888 Country: USA f Limited Liability Company and Name or Title of Contact Person: tact Title: 28 BAGLEY ROAD WARWICK State: RI zip: 02888 Country: USA s of Each Manager of the Limited Liability Company, if Applicable.

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

STEPHANIE L BRITTO 28 BAGLEY ROAD WARWICK , RI 02888

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

Signed this 1 Day of November, 2016 at 12:19:04 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 <u>STEPHANIE L. BRITTO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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