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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					
159568		om Advisors, LL	. , .			
3. NAICS Code						
55 - Management of Companie	4. Brief description of the character of business conducted in Rhode Island					
	OPERATION OF A CONSULTING BUSINESS					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
244 Metacom Avenue			Bristol	RI	02809	
7. Mailing Address of Limited Lia	bility Company a	and Name or Title	of Contact Person	· · · · · · · · · · · · · · · · · · ·	A	
Contact Name Michael Byrnes			Contact Title Member			
Street Address 244 Metacom Ave	treet Address 244 Metacom Avenue		City Bristol	State RI	^{Zip} 02809	
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	lity Company, IF APPLICABLE	- DO NOT LIST M	EMBERS	
Manager Name	Manager Name					
Street Address			Street Address			
City	State	Zip	City	State	Zìp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
,	, · · · · · · · · · · · · · · · · · · ·		C	heck the box to in	dicate 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						
Name of Authorized Person Michael T. Byrnes Date Da						
Signature of Authorized Pergon 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
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