



**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.** 000906503

**2. Exact Name of the Limited Liability Company** Rain Enterprises, LLC

**3. State of Formation**

State: DE

**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**

PUBLISHING NEWSLETTERS AND CONDUCTING SEMINARS FOR THE INTERNET  
RADIO AND  
DIGITAL MEDIA INDUSTRIES

**5. Principal Office Address**

No. and Street: 1679 SOUTH DUPONT HIGHWAY  
SUITE 100

City or Town: DOVER

State: DE Zip: 19901 Country: USA

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

Contact Name: JOSEPH V. GALLAGHER, III Contact Title: MANAGER

No. and Street: 402 ANGELL STREET

City or Town: PROVIDENCE

State: RI Zip: 02906 Country: USA

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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	JOSEPH V GALLAGHER III	402 ANGELL STREET PROVIDENCE, RI 02906 USA
MANAGER	KURT HANSON	402 ANGELL STREET PROVIDENCE, RI 02906 USA
MANAGER	JENNIFER LANE	402 ANGELL STREET PROVIDENCE, RI 02906 USA

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

LORI J. LOUSARARIAN, ESQ. 301 PROMENADE STREET PROVIDENCE , RI 02908

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

**Signed this 7 Day of November, 2016 at 10:17:12 AM 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 JOSEPH V. GALLAGHER, III, MANAGER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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