State of Rhode Island and Providence Plantations  Department of State - Business Services Division	
Annual Report for the year: 2016 Limited Liability Company	
<ul> <li>→ Filing period: September 1 - November 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by December 1.</li> </ul>	

1. Entity ID Number	2. Exact name of the Limited Liability Company					
1063599	Orion Mapping, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
<i>5</i> 4 •	Consulting business to provide mapping and GIS solutions.					
5. State of Formation  RT	Solutions.					
6. Principal Office Address	i. Principal Office Address			State	Zip	
109 S. Woody Hill Rd.		Westerly (	RI	02891		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Daniel W	W. Steiner Contact Title Managing Member  City Westerly State 7 Zip 07 891					
Street Address S. Woody HIII Rd		ci Westerly	StateRI	Zip 0289)		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name	-	. Manager Name				
Street Address ,			Street Address			
City	State A _ Zi	p ¶	City	State	Zip	
Manager Name			Manager Name			
Street Address		Street Address				
City	State Zi	p	City	State	Zip	
Check the box to indicate 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  10/27/16						
Signature of Authorized Person						

**FILED** 

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 0 9 2016

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