→ Filing period: Septembe → Filing Fee: \$50.00	r 1 - Novemb Lea Ch 0 fee if form is	er 1 #135 (u not filed by Dece	ufed 10:29-16) mber 1.		
Entity ID Number .	2. Exact name of the Limited Liability Company				
000508014	Barox & Associates, UC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
RI	non-profit management consulting services				
5. Principal Office Address 69 Arbor D	W.		Providence		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contain Name Contain Name A. Barry			Contact Title Member City Overdence State RT Zip 02908		
Street Address Arbor	Dr.				
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Maragen Name Staven A Bayar			Manager Name		
Street Address Among The			Street Address		
City Harriding	State of 1	I BOSOF	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
8. Resident Agent in Rhode Island. This information is currently of record in 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 11-16-16					
Signature of Authorized Person SIGN-DOCUMENT HERE					
	_	_/			

NOV 1 8 2016

FORM 632 - Revised: 05/2016

State of Rhode Island and Providence Plantations

Annual Report for the year: ______________________________

Limited Liability Company

MAIL TO:

Division of Business Services

Phone: (401) 222-3040 Website: www.sos.ri.gov

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

Department of State - Business Services Division