



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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<br><b>941851</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Agency Performance Partners, LLC</b>                         |                    |                         |     |
| 3. NAICS Code<br>54 - Professional, Scientific, and Technical Services                                                                                                                                      |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Provide consulting services</b> |                    |                         |     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                                   |                    |                         |     |
| 6. Principal Office Address<br><b>5775 Post Road, # 562</b>                                                                                                                                                 |       | City<br><b>East Greenwich</b>                                                                                     | State<br><b>RI</b> | Zip<br><b>02818</b>     |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                   |                    |                         |     |
| Contact Name<br><b>Kelly L. Donahue</b>                                                                                                                                                                     |       | Contact Title<br><b>President</b>                                                                                 |                    |                         |     |
| Street Address<br><b>5775 Post Road, # 562</b>                                                                                                                                                              |       | City<br><b>East Greenwich</b>                                                                                     | State<br><b>RI</b> | Zip<br><b>02818</b>     |     |
| 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 | Zip                                                                                                               | City               | State                   | Zip |
| Manager Name                                                                                                                                                                                                |       | Manager Name                                                                                                      |                    |                         |     |
| Street Address                                                                                                                                                                                              |       | Street Address                                                                                                    |                    |                         |     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                               | City               | State                   | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                                   |                    |                         |     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                   |                    |                         |     |
| <b>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.</b> |       |                                                                                                                   |                    |                         |     |
| Name of Authorized Person<br><b>Kelly L. Donahue</b>                                                                                                                                                        |       |                                                                                                                   |                    | Date<br><b>11/10/16</b> |     |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                                   |                    | 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](http://www.sos.ri.gov)

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