	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.0
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
Limited Liability (	Company	
Annual Report Filing Period: Septeml	bor 1 - Novombor 1	
	I.G.L. 7-16-66(d), each limited liability company failing or refusing t within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
	t to a penalty fee of \$25.00.	
ANNUAL REPORT Y	'EAR: <u>2016</u>	
1. ID No. <u>00060</u>	09948	
2. Exact Name of the	he Limited Liability Company Capitol Advocacy, LLC	
3. State of Formation	ion	
State: <u>RI</u>		
Using the following N	IAICS codes, please select the code that best describes your business.	
NAICS Code	<u>6</u> <u>81</u>	
<u> </u>		Island
<u> </u>	of the Character of the Business Which is Actually Conducted in Rhode	Island
<u> </u>	of the Character of the Business Which is Actually Conducted in Rhode	Island
4. Brief Description	of the Character of the Business Which is Actually Conducted in Rhode	Island
4. Brief Description <u>CONSUMER ADV</u> 5. Principal Office A	of the Character of the Business Which is Actually Conducted in Rhode	Island
4. Brief Description	of the Character of the Business Which is Actually Conducted in Rhode	
<ul> <li>4. Brief Description</li> <li><u>CONSUMER ADV</u></li> <li>5. Principal Office A</li> <li>No. and Street:</li> <li>City or Town:</li> </ul>	of the Character of the Business Which is Actually Conducted in Rhode         VOCACY         Address <u>C/O 55 PINE STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02903</u> Country: <u>1</u>	
<ul> <li>4. Brief Description</li> <li>CONSUMER ADV</li> <li>5. Principal Office A</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address of</li> </ul>	of the Character of the Business Which is Actually Conducted in Rhode         VOCACY         Address <u>C/O 55 PINE STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02903</u> Country:         Of Limited Liability Company and Name or Title of Contact Person:	
<ul> <li>4. Brief Description</li> <li>CONSUMER ADV</li> <li>5. Principal Office A</li> <li>No. and Street: City or Town:</li> <li>6. Mailing Address of Contact Name: Corr</li> </ul>	of the Character of the Business Which is Actually Conducted in Rhode         VOCACY         Address <u>C/O 55 PINE STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02903</u> Country:         of Limited Liability Company and Name or Title of Contact Person:         ntact Title:	
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<ul> <li>4. Brief Description</li> <li><u>CONSUMER ADV</u></li> <li>5. Principal Office A</li> <li>No. and Street: City or Town:</li> <li>6. Mailing Address of Contact Name: Con No. and Street: City or Town:</li> </ul>	of the Character of the Business Which is Actually Conducted in Rhode         VOCACY         Address <u>C/O 55 PINE STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02903</u> Country: <u>1</u> of Limited Liability Company and Name or Title of Contact Person:         ntact Title: <u>55 PINE STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02903</u> Country: <u>L</u> ess of Each Manager of the Limited Liability Company, if Applicable.	<u>USA</u>
<ul> <li>4. Brief Description</li> <li>CONSUMER ADV</li> <li>5. Principal Office A</li> <li>No. and Street: City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: Cor No. and Street: City or Town:</li> <li>7. Name and Address</li> </ul>	of the Character of the Business Which is Actually Conducted in Rhode         VOCACY         Address <u>C/O 55 PINE STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02903</u> Country: <u>1</u> of Limited Liability Company and Name or Title of Contact Person:         ntact Title: <u>55 PINE STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02903</u> Country: <u>L</u> ess of Each Manager of the Limited Liability Company, if Applicable.	<u>USA</u>
<ul> <li>4. Brief Description</li> <li>CONSUMER ADV</li> <li>5. Principal Office A</li> <li>No. and Street: City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: Cor No. and Street: City or Town:</li> <li>7. Name and Address</li> <li>DO NOT LIST ME</li> </ul>	of the Character of the Business Which is Actually Conducted in Rhode         VOCACY         Address <u>C/O 55 PINE STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> zip: <u>02903</u> Country: <u>1</u> of Limited Liability Company and Name or Title of Contact Person:         ntact Title: <u>55 PINE STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> zip: <u>02903</u> Country: <u>L</u> sess of Each Manager of the Limited Liability Company, if Applicable.         Simbers	<u>USA</u> J <u>SA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOSHUA TEVEROW, ESQ. 55 PINE STREET PROVIDENCE, RI 02903

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

**Signed this 30 Day of November, 2016 at 5:22:32 PM 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 JOSHUA TEVEROW

Signature of Authorized Person

Form No. 632 Revised 09/07

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