State of Rhode Island a				_	
Department of State - Business Services Division					
Annual Report for the year: 2016 Limited Liability Company					R.I. USE
 → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. 					5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
1. Entity ID Number	2. Exact name of the Limited Liability Company				
539735	Momentum Group, LLC				03
3. NAICS Code 81 - Other Services (except Pt 5. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island Consulting firm.				
6. Principal Office Address			City	State	Zip
310 George Washington Highway			Smithfield	RI	02917
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person		
Contact Name Rian Mallari			Contact Title		
Street Address 310 George Washington Highway			City Smithfield	State RI	^{Zip} 02917
8. List ALL managers (names an	d addresses) o	of the Limited Liabi	· · · · · · · · · · · · · · · · · · ·	BLE - DO NOT LIST N	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 in	ndicate 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 / /					
Rian Maliari					27/16
Signature of Authorized Persent SECN DOCIGNENT 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

FILED

JAN 05 2017

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By \$ 292372