State of Rhode Island and Providence Plantations					
Department of S	tate - Bo	usiness Servi	ces Division		
Annual Report for the year: 2015					2 2
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 0.101y. 1 100101010101010	TOO II TOTAL	. Is not mod by bo	ociniber 1.		2 12 12 12 12 12 12 12 12 12 12 12 12 12
1, Entity ID Number	2. Exact				
539735	Momentum Group, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
81 - Other Services (except Pเ	Consulting firm.				
5. State of Formation					
Rhode Island					
6. Principal Office Address			City		7:-
310 George Washington Highway			Smithfield	State RI	Zip 02917
				- 13	02911
7. Mailing Address of Limited Liability 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 addresse	s) of the Limited Li	ability Company, IF APPLICA	BLE - DO NOT LIST I	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	Zìp	City	State	Zip
			<u> </u>	Check the box to it	ndicate an attachment
9. Resident Agent in Rhode Island	d. This infor	mation is currently of r	record with the Department of St		
Under penalty of perjury, I deci statements, and that all statem	are and af	firm that I have ex- ined herein are tro	amined this report, including and correct.	ng any accompanying	g schedules and
Name of Authorized Person Date					1 /
Rian Mallari					127/16
Signature of Authorized Person SIGH 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 FILED

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