S	tate of Rhode Island and P Office of the Secre			
	Division Of Busine 148 W. River Providence RI 02	Street		
HOPE	(401) 222-3			
Limited Liability Com Annual Report Filing Period: September 1				
In accordance with R.I.G.L.	7-16-66(d), each limited liability co in thirty (30) days after the time pre			
ANNUAL REPORT YEAR: 2016				
1. ID No. <u>000566268</u>				
2. Exact Name of the Limited Liability Company Ryan, LLC				
3. State of Formation				
State: DE				
Using the following NAICS codes, please select the code that best describes your business.				
NAICS Code	<u>6</u> <u>54</u>			
4. Brief Description of th	e Character of the Business Wh	ch is Actually Conducted in Rhode Island		
TAX CONSULTING				
5. Principal Office Addre	SS			
No. and Street: 235 PROMENADE STREET, SUITE 415				
City or Town: <u>PROVI</u>	DENCE	State: <u>RI</u> Zip: <u>02908</u> Country: <u>USA</u>		
6. Mailing Address of Li	mited Liability Company and Na	ne or Title of Contact Person:		
Contact Name:TAX DEPARTMENT Contact Title:No. and Street:13155 NOEL ROAD SUITE 100City or Town:DALLASState:TXTXZip:75240Country:USA				
	Each Manager of the Limited Li			
Title	Individual Name	Address		
MANAGER	First, Middle, Last, Suffix G. BRINT RYAN	Address, City or Town, State, Zip Code, Country 13155 NOEL ROAD, SUITE 100		
MANAGER	GERALD L. RIDGELY JR.	DALLAS, TX 75240 USA 13155 NOEL ROAD SUITE 100 DALLAS, TX 75240 USA		

		1
MANAGER	JAMES M TRESTER	13155 NOEL ROAD SUITE 100 DALLAS, TX 75240 USA
MANAGER	VIRGINIA B. KISSLING	13155 NOEL RD., SUITE 100 DALLAS, TX 75240 USA
MANAGER	JON C. SWEET	16220 NORTH SCOTTSDALE ROAD SCOTTSDALE, AZ 85254 USA
MANAGER	BRENDAN F. MOORE	6775 FINANCIAL DRIVE, SUITE 102 MISSISSAUGA, ON L5N0A4 CAN
MANAGER	GARRY ROUND	6775 FINANCIAL DRIVE, SUITE 102 MISSISSANUGA, ON L5N0A4 CAN
MANAGER	JAYME FISHMAN	25 CORPORATE DRIVE, SUITE 200 BURLINGTON, MA 01803 USA
MANAGER	DOUGLAS R. DEASON	5956 SHERRY LANE, SUITE 800 DALLAS, TX 75225 USA
MANAGER	LAURENCE E. PAUL	10940 WILSHIRE BOULEVARD, SUITE 600 LOS ANGELES, CA 90024 USA
MANAGER	LORI JOHNSON	,

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 21 Day of February, 2017 at 2:13:06 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 G. BRINT RYAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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