



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2016

1. ID No. 001668449

2. Exact Name of the Limited Liability Company MFM GEMINI CONSULTING, LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 6 81

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

NON PROFIT CONSULTING IN PROJECT MANAGEMENT & OPERATIONAL EXCELLENCE
MANUFACTURING CONSULTING IN OPERATIONAL EXCELLENCE AND SIX SIGMA

5. Principal Office Address

No. and Street: 400 PUTNAM PIKE
SUITE J #207
City or Town: SMITHFIELD State: RI Zip: 02917 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: THOMAS WAYNE SR Contact Title: PRESIDENT AND CEO
No. and Street: 400 PUTNAM PIKE
SUITE J #207
City or Town: SMITHFIELD State: RI Zip: 02917 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

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

UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200
WARWICK , RI 02888

Signed this 1 Day of May, 2017 at 9:17:26 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 THOMAS WAYNE SR
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 01, 2017 09:16 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

