



**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. 000747890

2. Exact Name of the Limited Liability Company NOONAN H.R. CONSULTING, L.L.C.

3. State of Formation

State: RI

ARTICLE III

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

NAICS Code 747890

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

FOR THE PURPOSE OF CONSULTING BUSINESSES AND OTHER ENTITIES IN ALL
ISSUES
RELATED TO PERSONAL MATTERS AND HUMAN RESOURCE ISSUES.

5. Principal Office Address

No. and Street: 1101 WASHINGTON AVENUE, #505

City or Town: PHILADELPHIA

State: PA Zip: 19147 Country: USA

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

Contact Name: Contact Title:

No. and Street: P.O. BOX 443

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MARGARETTA NOONAN	1101 WASHINGTON AVENUE, #505 PHILADELPHIA, PA 19147 USA

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

PETER L. LEWISS 79 FRANKLIN STREET WESTERLY , RI 02891

Signed this 12 Day of May, 2017 at 10:51:09 AM 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 MARGARETTA NOONAN
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 12, 2017 10:50 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

