



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

Fee: \$50.00

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

Limited Liability Company  
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 001336421

2. Exact Name of the Limited Liability Company Clarity Communications Group, LLC

3. State of Formation

State: MA

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

54

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

CLARITY IS A CHANGE-PRODUCING WBE-CERTIFIED COMMUNICATIONS CONSULTANCY. WE ARE HIRED FOR IMPACTFUL STORYTELLING, CRISIS MANAGEMENT, RESEARCH, THOUGHT LEADERSHIP AND CALL-TO-ACTION PROGRAMS, WEB/PRINT BRANDING AND DESIGN, MEDIA RELATIONS AND SOCIAL MEDIA CAMPAIGNS, FORGING PUBLIC/PRIVATE PARTNERSHIPS, POSITIONING AND REBRANDING PROGRAMS, LAUNCH MARKETING, CSR AND WRITING OF ALL KINDS. FEDERAL AND STATE EXPERTS IN TRANSPORTATION, DESTINATION MARKETING, HEALTH POLICY, PUBLIC AFFAIR, GOVERNMENT ACCOUNTABILITY AND CRISIS RESPONSE. WORK RECOGNIZED BY THE WHITE HOUSE AT THE UNITED NATIONS IN ADDITION TO NUMEROUS PEER AND CLIENT SECTOR AWARDS. TESTIMONIAL BY RHODE ISLAND STATE CONTROLLER: HTTPS://WWW.LINKEDIN.COM/IN/LORING

**5. Principal Office Address**

No. and Street: CLARITY191 CURVE STREET

City or Town: MILLIS

State: MA Zip: 02054 Country: USA

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

Contact Name: LORING BARNES, APR Contact Title: CCO

No. and Street: CLARITY  
191 CURVE STREET

City or Town: MILLIS

State: MA Zip: 02054 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	LORING BARNES	CLARITY 191 CURVE STREET MILLIS, MA 02054 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JOANN VIGNONE 365 SPRING STREET NEWPORT , RI 02840

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

**Signed this 22 Day of May, 2017 at 11:26:17 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 LORING BARNES, APR

Signature of Authorized Person

Form No. 632  
Revised 09/07

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