

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. SELECTION STATE

2017 JUH - 1 AM 11: Oh

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2 Event name of the Limited Lightith, Commany				
	2. Exact name of the Limited Liability Company				
00509719	FOCUS Education LCC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
6/	EDUC	ational	Semuals Fol	Auge Me	angement
5. State of Formation					
RI					
6. Principal Office Address			City	State	Zip
45 CEDALCOLENT DR			PAWtecket	RI	02861
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DAVIN & OLSEN			City PAWFILLET State Zip O2861		
Street Address 45 CEDALCACST DA			City PAWFICKET	State	Zip 02861
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name OAVOROBER			Manager Name		
Street Address 45 CED AN CREST DR			Street Address		
City PAWtilet	State AT	Zip CLSG (City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		•	Che	eck the box to indi	cate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Date					,
Localdalay				6/11	17
Signature of Authorized Person					
SIGN DOCUMENT HERE					

FILED

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 0 1 2017

BY CM 304944