



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2016

Limited Liability Company

→ 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 000784356		2. Exact name of the Limited Liability Company NATIVE SOLUTIONS RI, LLC			
3. NAICS Code 54 - Professional, Scientific		4. Brief description of the character of business conducted in Rhode Island BUSINESS CONSULTING			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 40 CHARLOTTE AVENUE		City SAUNDERSTOWN		State RI	Zip 02874
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DONNA D. FEELEY		Contact Title MEMBER			
Street Address 40 CHARLOTTE AVENUE		City SAUNDERSTOWN		State RI	Zip 02874
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 DONNA D. FEELEY				Date 6/23/17	
Signature of Authorized Person <i>Donna Feeley</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY 309559

FORM 632 - Revised: 02/2017