




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 RI DEPT OF STATE
 BUS SVCS DIV
 2017 AUG 22 AM 9:57

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 000718770		2. Exact name of the Limited Liability Company Thompson Consulting Services, LLC			
3. NAICS Code 54 - Professional, Scientific, a		4. Brief description of the character of business conducted in Rhode Island Grant Application Administration Services & Emergency Program Management			
5. State of Formation Delaware					
6. Principal Office Address 1135 Townpark Avenue, Suite 2101			City Lake Mary	State FL	Zip 32746
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Nathaniel T. Counsell			Contact Title Manager		
Street Address 1135 Townpark Avenue, Suite 2101			City Lake Mary	State FL	Zip 32746
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Jon M. Hoyle			Manager Name Michael V. Manning		
Street Address 1135 Townpark Avenue, Suite 2101			Street Address 2970 Cottage Hill Road, Suite 190		
City Lake Mary	State FL	Zip 32746	City Mobile	State AL	Zip 36606
Manager Name John H. Baker			Manager Name James H. Shumock		
Street Address 2970 Cottage Hill Road, Suite 190			Street Address 2970 Cottage Hill Road, Suite 190		
City Mobile	State AL	Zip 36606	City Mobile	State AL	Zip 36606
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 Kyle Hoyle				Date 7/12/2017	
Signature of Authorized Person 					

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

AUG 29 2017

BY CU 311251