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

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