

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2017
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	2. Exact name of the Limited Liability Company					
1332539	Portia Group, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
54 - Professional, Scientific, a	Economics Consulting					
5. State of Formation	]					
Rhode Island						
6. Principal Office Address			City	State	Zip	
PO Box 2673			Providence	RI	02906	
7. Mailing Address of Limited Lia	bility Compa	any and Name o				
Contact Name Erin C. Hastings			Contact Title Secretary			
Street Address PO Box 2673			City Providence	State RI	<sup>Zip</sup> 02906	
8. List ALL managers (names an	d addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST I	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	
					ndicate an attachment	
<ol><li>Resident Agent in Rhode Island</li></ol>						
Under penalty of perjury, I decl statements, and that all statem	are and affi ents contai	irm that I have one ined herein are	examined this report, including true and correct.	g any accompanying	g schedules and	
Name of Authorized Person				Date	Date	
Erin C. Hastings				09/01/2017		
Signature of Authorized Person	D-7		>			
1/	/					

MAIL TO:

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

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