s	itate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River St		
	Providence RI 0290 (401) 222-304		
HOPE	(401) 222-30-	+0	
Limited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability comp		
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
	perially lee of \$25.00.		
ANNUAL REPORT YEAR:	2017		
1. ID No. <u>001088360</u>			
2. Exact Name of the Limited Liability Company <u>RED BRIDGE STRATEGIES, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>			
NAICS Code		6 81	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>BUSINESS INVESTMENT &amp; DEVELOPMENT</u>			
5. Principal Office Addre	SS		
No. and Street: <u>4 RICH</u>	IMOND SQUARE, SUITE 300		
	DENCE	State: <u>RI</u> Zip: <u>02906</u> Co	untry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
	S X MCMAHON Contact Title:		
	MOND SQUARE SUITE 300		
City or Town: <u>PROVI</u>	DENCE	State: <u>RI</u> Zip: <u>02906</u> Co	untry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode. Country

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

FRANCIS X. MCMAHON <u>4 RICHMOND SQUARE, SUITE 300</u> <u>PROVIDENCE</u>, <u>RI</u> 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 31 Day of August, 2017 at 9:58:50 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>FRANCIS X MCMAHON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved