S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing 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.			
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>001664210</u>			
2. Exact Name of the Limited Liability Company Law Office of Kirsten M. Stackpole, LLC			
3. State of Formation			
State: <u>RI</u>			
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> .			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>LAW PRACTICE</u>			
5. Principal Office Addre	SS		
No. and Street:43 BROAD STREET, 2ND FLOORCity or Town:WESTERLYState:RIZip:02891Country:USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>KIRSTEN M. STACKPOLE, ESQ.</u> Contact Title: <u>ATTORNEY</u> No. and Street: <u>43 BROAD STREET</u> <u>2ND FLOOR</u>			
City or Town: WES	STERLY State: E	<u>RI</u> Zip: <u>02891</u> Count	ry: <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	Code, Country

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

KIRSTEN M. STACKPOLE 54 FIELDSTONE WAY WESTERLY, RI 02891

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 12:06:52 PM 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>KIRSTEN M. STACKPOLE, ESQ.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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