s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00	
Division Of Business Services				
148 W. River Street Providence RI 02904-2615				
HOPE	(401) 222-304			
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>001296446</u>				
2. Exact Name of the Limited Liability Company <u>FULCIMUS, LLC</u>				
3. State of Formation				
State: MA				
	ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.				
<u>541512</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
TO ENGAGE IN TECHNOLOGY CONSULTING, CUSTOM SOFTWARE DEVELOPMENT, AND ANY				
OTHER ACTIVITIES ALLOWABLE BY LAW.				
5. Principal Office Address				
No. and Street: <u>41 SALCOMBE STREET</u>				
City or Town: <u>BOS</u>	TON State	<u>MA</u> Zip: <u>02125</u> Count	ry: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: ORLAND L. CAMPBELL Contact Title: MANAGING PARTNER				
	<u>BOX 52040</u> <u>STON</u> State: <u>MA</u>	Zip: 02205 Country:	USA	
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 Co	ode, Country	

MANAGER	THEODORE ALEXANDER STOCKER	41 SALCOMBE STREET BOSTON, MA 02125 USA		
MANAGER	ORLAND LONG CAMPBELL	216 EAST STREET UPTON, MA 01568 USA		
MANAGER	YIH JONG CHEN	19 EDWARD ROAD WATERTOWN, MA 02472 USA		
 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 <u>INCORP SERVICES, INC.</u> 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, <u>RI</u> 02888 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). 				
 Signed this 1 Day of September, 2017 at 5:15:18 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 ORLAND L. CAMPBELL Signature of Authorized Person 				
Form No. 632 Revised 09/07				
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