111.

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.

·			<u> </u>			
Entity ID Number	Exact name of the Limited Liability Company					
000784356	NATIVE SOLUTIONS RI, LLC					
3. NAICS Code 54 - Professional, Scientific	Brief description of the character of business conducted in Rhode Island BUSINESS CONSULTING					
5. State of Formation						
RHODE ISLAND						
Principal Office Address			City	State	Zip	
40 CHARLOTTE AVENUE			SAUNDERSTOWN	RI	02874	
7. Mailing Address of Limited Lia	bility Company	and Name or Title				
Contact Name DONNA D. FEELEY			Contact Title MEMBER			
Street Address 40 CHARLOTTE AVENUE			City SAUNDERSTOWN	State RI	^{Zip} 02874	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST 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	Crty	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I dec statements, and that all staten				ny accompanying	g schedules and	
Name of Authorized Person				Date	Date	
DONNA D. FEELEY				6/23/17		
Signature of Authorized Person SIGN DOCUMENT HERE						

MAIL TO: .

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

SEP 08 2017