s s	tate 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		
Limited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
In accordance with PIGI	7-16-66/d) each limited liability com	oonv failing or rafusing	
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:	<u>2017</u>		
1. ID No. <u>001669180</u>			
2. Exact Name of the Limited Liability Company Envision Business Consultants, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICC Code that beet describes the primery business conducted by the optimy Developed			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here</u> . More information on <u>NAICS</u> can be found online.			
F 41 C 1 1			
<u>541611</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
PROVIDER OF MANAGEMENT CONSULTING SERVICES TO THE WIRELESS			
<u>COMMUNICATIONS</u>			
INDUSTRY.			
5. Principal Office Addre	SS		
No. and Street: 592 T	UCKERMANAVENUE		
		tate: <u>RI</u> Zip: <u>02842</u> Country	: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: JOSEPH M. KOBYLAK Contact Title:			
No. and Street: 592 TUCKERMAN AVENUE City or Town: MIDDLETOWN State: RI Zip: 02842 Country: USA			
City or Town: <u>MIDDLETOWN</u> State: <u>RI</u> Zip: <u>02842</u> Country: <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 Code	, Country

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

JOSEPH M. KOBYLAK 592 TUCKERMAN AVENUE MIDDLETOWN, RI 02842

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

Signed this 11 Day of September, 2017 at 8:49:47 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 JOSEPH M. KOBYLAK

Signature of Authorized Person

Form No. 632 Revised 09/07

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