s s	tate of Rhode Island and Pro Office of the Secret		ons Fee: \$50.00
	Division Of Busines	s Services	
	148 W. River S	treet	
	Providence RI 029	04-2615	
HOPE	(401) 222-30	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time preso penalty fee of \$25.00.		<i>7_</i>
ANNUAL REPORT YEAR:	<u>2017</u>		
<b>1. ID No.</b> <u>001658213</u>	<u>3</u>		
2. Exact Name of the Limited Liability Company <u>MARI RIPP ASSOCIATES LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	
4. Brief Description of th	e Character of the Business Whic	n is Actually Conduct	ed in Rhode Island
THE COMPANY PROVIDES EXECUTIVE CONSULTING SERVICES FOR SOFTWARE			
	ION, SELECTION AND EVALU		
	AGEMENT AND HUMAN CAPI	TAL MANAGEMEN	T. THE BUSINESS
IS CONDUCTED REMOT	ELY OR ON SITE AT THE CLI	ENT.	
5. Principal Office Addre			
	<u>THAMES STREET</u> STOL State	: RI Zip: 02809	Country: USA
			·
•	mited Liability Company and Nam		erson:
Contact Name: MARI RIPP Contact Title: OWNER, PRESIDENT No. and Street: 345 THAMES STREET			
City or Town: BRIS		e: <u>RI</u> Zip: <u>02809</u>	Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Add	Iress

First, Middle, Last, Suffix

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

MARI RIPP 345 THAMES STREET BRISTOL, RI 02809

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

**Signed this 13 Day of September, 2017 at 1:31:33 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 MARI RIPP

Signature of Authorized Person

Form No. 632 Revised 09/07

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