



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

| | | | | | |
|---|-----------------|--|---------------------------|-------------------------|---------------------|
| 1. Entity ID Number 120508 | | 2. Exact name of the Limited Liability Company TARNELL COMPANY, LLC | | | |
| 3. NAICS Code 541614 | | 4. Brief description of the character of business conducted in Rhode Island INFORMATION SERVICES | | | |
| 5. State of Formation RHODE ISLAND | | | | | |
| 6. Principal Office Address 235 Promenade Street - Box 21 - Suite 130 | | | City PROVIDENCE | State RI | Zip 02908 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name ANTHONY E. TARNELL | | | Contact Title | | |
| Street Address 235 Promenade Street - Box 21 - Suite 130 | | | City PROVIDENCE | State RI | Zip 02908 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name STEPHEN E. TARNELL | | | Manager Name | | |
| Street Address 235 Promenade Street - Box 21 - Suite 130 | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02908 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i> | | | | | |
| Name of Authorized Person ANTHONY E. TARNELL | | | | Date 9-8-2017 | |
| Signature of Authorized Person <i>A. Tarnell</i> | | | | | |

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 13 2017

9782

BY