

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

S.AMP

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.

State   Address   Street Address   Street Address   State   Address	1. Entity ID Number							
S. State of Formation Rhode Island  6. Principal Office Address 16 Brett Court  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Shella Yehle  Street Address PO Box 7851  8. List ALL managers (names and addresses) of the Limited Liability Company IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Manager Name  Street Address  City  State  Zip  Check the box to indicate an attachment of the perior of with the Department of State Changes require filing Form 642.  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.  Name of Authorized Person  Shella Yehle  Date  9/12/17	950890	Movir	Moving Forward Surveys, LLC					
S. State of Formation Rhode Island  6. Principal Office Address 16 Brett Court  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Shella Yehle  Street Address PO Box 7851  City Warwick  State Ri  Zip 02886  8. List ALL managers (names and addresses) of the Limited Liability Company IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Street Address  City  State  Zip  Check the box to indicate an attachmet 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 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.  Name of Authorized Person  Shella Yehle  Date  9/12/17	3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
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Circulate of A. Abrahad D.	Name of Authorized Person				Date			
Signature of Authorized Person  JONE OF HERE	Sheila Yehle				9/12/1	7		
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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

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