Sta	ate of Rhode Island and Providence Plantation Office of the Secretary of State	S Fee: \$50.00
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	
Limited Liability Comp Annual Report	any	
Filing Period: September 1 - I	November 1	
	7-16-66(d), each limited liability company failing or refusing thirty (30) days after the time prescribed by law (R.I.G.L. 7- enalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2	2017	
<b>1. ID No.</b> <u>000148736</u>		
2. Exact Name of the Lim	ited Liability Company <u>AUGHNASHEELIN, LLC</u>	
3. State of Formation		
State: <u>RI</u>		
	ARTICLE III	
•	ode that best describes the primary business conducted by the information on <u>NAICS</u> can be found online.	ne entity. Download
4. Brief Description of the	Character of the Business Which is Actually Conducted	in Rhode Island
CONSULTING BUSINES	SS AND POLITICAL/INSURANCE SALES	
5. Principal Office Address	S	
No. and Street: <u>32 RIV</u>	<b>s</b> <u>VERVIEW DRIVE</u> <u>TH PROVIDENCE</u> State: <u>RI</u> Zip: <u>02904</u>	Country: <u>USA</u>
No. and Street: <u>32 RIV</u> City or Town: <u>NORT</u>	VERVIEW DRIVE	•
No. and Street:       32 RIV         City or Town:       NORT         6. Mailing Address of Limit         Contact Name:       MATTHEW         No. and Street:       32 RIV	VERVIEW DRIVE <u>TH PROVIDENCE</u> State: <u>RI</u> Zip: <u>02904</u> ited Liability Company and Name or Title of Contact Per <u>V J SMITH</u> Contact Title: <u>PRESIDENT</u> <u>/ERVIEW DRIVE</u>	•
No. and Street:       32 RIV         City or Town:       NORT         6. Mailing Address of Limit         Contact Name:       MATTHEW         No. and Street:       32 RIV	VERVIEW DRIVE <u>TH PROVIDENCE</u> State: <u>RI</u> Zip: <u>02904</u> ited Liability Company and Name or Title of Contact Per         V J SMITH Contact Title: <u>PRESIDENT</u> /ERVIEW DRIVE	•
No. and Street:32 RIV NORTCity or Town:NORT6. Mailing Address of LimitContact Name:MATTHEW 32 RIV No. and Street:City or Town:NORT	VERVIEW DRIVE <u>TH PROVIDENCE</u> State: <u>RI</u> Zip: <u>02904</u> ited Liability Company and Name or Title of Contact Per         V J SMITH Contact Title: <u>PRESIDENT</u> <u>/ERVIEW DRIVE</u> State: <u>RI</u> Zip: <u>02904</u> <u>H PROVIDENCE</u> State: <u>RI</u> Zip: <u>02904</u>	rson: Country: <u>USA</u>
No. and Street:       32 RIV         City or Town:       NORT         6. Mailing Address of Limit         Contact Name:       MATTHEW         No. and Street:       32 RIV         City or Town:       MATTHEW         NORT       NORT	VERVIEW DRIVE <u>TH PROVIDENCE</u> State: <u>RI</u> Zip: <u>02904</u> ited Liability Company and Name or Title of Contact Per         V J SMITH Contact Title: <u>PRESIDENT</u> <u>/ERVIEW DRIVE</u> State: <u>RI</u> Zip: <u>02904</u> <u>H PROVIDENCE</u> State: <u>RI</u> Zip: <u>02904</u>	cable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MATTHEW J. SMITH <u>32 RIVERVIEW DRIVE</u> NORTH PROVIDENCE , <u>RI</u> <u>02904</u>

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

**Signed this 16 Day of September, 2017 at 1:09:37 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 MATTHEW J SMITH

Signature of Authorized Person

Form No. 632 Revised 09/07

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