RI SOS Filing Number: 201750107690 Date: 9/19/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Service	es Division		•
7	•• ••		
Annual Report for the year: 2017			
imited Liability Company			
→ Filing period: September 1 - November 1			
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by Deca	amhar 1		
Penalty: Additional \$25.00 les il form is not nice by become			
1. Entity ID Number 2. Exact name of the Limited L	•		
	CT SOLUTION L		
A Direct description of the observation of the obse	acter of business conducted in Rhod	le Island	2211686
	ELEMENT CONSULT	MYG UE	BENUXI
5. State of Formation			
RI.		·	
6. Principal Office Address	City	State	Zip
26 DIGER AVE	WARNICH	RI	02818
7. Mailing Address of Limited Liability Company and Name or Ti			
Contact Name Dagues Berman	Contact Title PRESECT /	MANAGE	MENT COURS
Street Address 26 ALGEL AVE	WARNICH	State	02-818
8. List ALL managers (names and addresses) of the Limited Lia	ability Company, IF APPLICABLE - D	O NOT LIST M	EMBERS
Manager Name Days Branger	Manager Name		
Street Address 26 AGRA AVE.	Street Address M	10	
City WARWICH State T Zip OZ812	G City	State	Zip
Manager Name	Manager Name	-	
Street Address MA	Street Address	VA	
City State Z _J p	City	State	Zip
	Check the box to indicate an attachment		
9. Resident Agent in Rhode Island. This information is currently of	ecord with the Department of State. Cha	nges require filing	Form 642.
Under penalty of perjury, I declare and affirm that I have ex- statements, and that all statements contained herein are tr	amined this report, including any		
Name of Authorized Person		Date	<u></u>
Daxies Bernni		12/6	PP 2017

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

Signature of Authorized Person

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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