	State of Rhode Island and Pro Office of the Secreta		IS Fee: \$50.00
	Division Of Business 148 W. River S	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Con Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability comp iin thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2017</u>		
<b>1. ID No.</b> <u>00091941</u>	<u>3</u>		
2. Exact Name of the L	imited Liability Company <u>CENTU</u>	RY CONSULTING, L	LC
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary re information on <u>NAICS</u> can be found	-	the entity. Download
F 11 C 1 1			
<u>541611</u>			
	ne Character of the Business Which	is Actually Conducted	d in Rhode Island
4. Brief Description of th	ne Character of the Business Which	is Actually Conducted	d in Rhode Island
4. Brief Description of th	MANAGEMENT, LOGISTICS	is Actually Conducted	d in Rhode Island
4. Brief Description of the construction of the constru	MANAGEMENT, LOGISTICS		d in Rhode Island Country: <u>USA</u>
4. Brief Description of the consult	MANAGEMENT, LOGISTICS ess HAMILTON DRIVE	<u>RI</u> Zip: <u>02871</u>	Country: <u>USA</u>
4. Brief Description of the CONSULTING, RISK   CONSULTING, RISK   5. Principal Office Addres   No. and Street: 52 I   City or Town: POI   6. Mailing Address of Lit   Contact Name: Contact   No. and Street: 52 I	MANAGEMENT, LOGISTICS   ess   HAMILTON DRIVE   RTSMOUTH State   imited Liability Company and Name   Title:   HAMILTON DRIVE	<u>RI</u> Zip: <u>02871</u> or Title of Contact Pe	Country: <u>USA</u> erson:
4. Brief Description of the CONSULTING, RISK   CONSULTING, RISK   5. Principal Office Address   No. and Street: 52 I   City or Town: POI   6. Mailing Address of Lit   Contact Name: Contact   No. and Street: 52 I   City or Town: POI   6. Mailing Address of Lit   Contact Name: Contact   No. and Street: 52 I   City or Town: POI	MANAGEMENT, LOGISTICS   ess   HAMILTON DRIVE   RTSMOUTH State   imited Liability Company and Name   Title:   HAMILTON DRIVE   RTSMOUTH   State:   HAMILTON DRIVE   RTSMOUTH   State:   HAMILTON DRIVE   RTSMOUTH   State:   HAMILTON DRIVE   RTSMOUTH   State:   f Each Manager of the Limited Liab	<u>RI</u> Zip: <u>02871</u> or Title of Contact Pe <u>RI</u> Zip: <u>02871</u>	Country: <u>USA</u> erson: Country: <u>USA</u>
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## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## MICHAEL H. MARTIN <u>52 HAMILTON DRIVE</u> PORTSMOUTH , <u>RI</u> <u>02871</u>

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

**Signed this 27 Day of September, 2017 at 3:34:34 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 MICHAEL MARTIN

Signature of Authorized Person

Form No. 632 Revised 09/07

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