s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business		
148 W. River Street Providence RI 02904-2615			
HORE	(401) 222-304		
Limited Liability Company Annual Report			
Filing Period: September 1	- November 1		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>000103688</u>			
2. Exact Name of the Limited Liability Company <u>ENVISION TECHNOLOGY ADVISORS, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download			
the list of codes here. More information on NAICS can be found online.			
<u>541512</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
TECHNOLOGY CONSULTING			
5. Principal Office Addre	SS		
	MAIN STREET		
	<u>ITE 715</u> <u>WTUCKET</u> State: <u>R</u>	<u>I</u> Zip: <u>02860</u> C	ountry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: BRITTE JESSEN-BALINT Contact Title: CONTROLLER			
No. and Street: <u>999 MAIN STREET</u> SUITE 715			
	VTUCKET State: R	Zip: <u>02860</u> Co	ountry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addres	s
	First, Middle, Last, Suffix	Address, City or Town, State	-

TODD KNAPP

MANAGER

951 NORTH MAIN STEET

MANAGER

ALAN H LITWIN

PROVIDENCE, RI 02904 USA

951 NORTH MAIN STREET PROVIDENCE, RI 02904- USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ALAN H. LITWIN, CPA 951 NORTH MAIN STREET PROVIDENCE, RI 02904

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 4:46:35 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 BRITTE JESSEN-BALINT

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved