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2017 SEP 28 AM 10: 36

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.

PAGE 2.						
1 Entity ID Number	Exact name of the Limited Liability Company					
1022189	Training & Business Pallatora five Insailyte LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
6/	Training and Consulting					
5. State of Formation) d					
RI				_		
6. Principal Office Address			City	State	Zip	
249 Rousevelt Avenue ste 203			Panticket	RT	02860	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name			Contact Title			
John F. Gomes			Executive Dirator			
Street Address 249 Rousevelt Avence			Par houses	State R-1	02860	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Same as above?						
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
				Check the box to it	ndicate an attachment	
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 Date						
John F. Gomes Scoren					mber 28,2017	
Signature of Authorized Person						
Notat (aux)						
1000						

MAIL TO:

Division of Business Services

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

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

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BY 19258974