	State of Rhode Island and Provider Office of the Secretary of		Fee: \$50.0
	Division Of Business Servio 148 W. River Street	ces	
	Providence RI 02904-261	5	
HOPE	(401) 222-3040		
Limited Liability	Company		
Filing Period: Septem	nber 1 - November 1		
o file its annual repor	.I.G.L. 7-16-66(d), each limited liability company fa rt within thirty (30) days after the time prescribed b t to a penalty fee of \$25.00.		
ANNUAL REPORT Y	YEAR: <u>2017</u>		
1. ID No. 00099	94361		
2. Exact Name of t	the Limited Liability Company <u>BRENDA JAC</u>	CKSON CONSULTI	NG, LLC
3. State of Formati	ion		
State: KS			
	ARTICLE III		
Enter the six digit NA	ARTICLE III AICS Code that best describes the primary busine <u>e.</u> More information on <u>NAICS</u> can be found online.	-	tity. Download
Enter the six digit NA	AICS Code that best describes the primary busine	-	tity. Download
Enter the six digit NA the list of codes <u>here</u> <u>541612</u>	AICS Code that best describes the primary busine		
Enter the six digit NA the list of codes <u>here</u> <u>541612</u> 4. Brief Description <u>ASSIST STATE G</u>	AICS Code that best describes the primary busine e. More information on <u>NAICS</u> can be found online.	tually Conducted in R	hode Island
Enter the six digit NA the list of codes <u>here</u> <u>541612</u> 4. Brief Description <u>ASSIST STATE G</u> <u>HEALTH</u>	AICS Code that best describes the primary busine <u>e.</u> More information on <u>NAICS</u> can be found online. n of the Character of the Business Which is Ac <u>BOVERNMENTS WITH THE DESIGN OF M</u>	tually Conducted in R	hode Island
Enter the six digit NA the list of codes <u>here</u> <u>541612</u> 4. Brief Description <u>ASSIST STATE G</u> <u>HEALTH</u> <u>INSURANCE PRO</u>	AICS Code that best describes the primary busine <u>e.</u> More information on <u>NAICS</u> can be found online. In of the Character of the Business Which is Ac <u>BOVERNMENTS WITH THE DESIGN OF M</u> <u>DGRAMS.</u>	tually Conducted in R	hode Island
Enter the six digit NA the list of codes <u>here</u> <u>541612</u> 4. Brief Description <u>ASSIST STATE G</u> <u>HEALTH</u> <u>INSURANCE PRO</u> 5. Principal Office A	AICS Code that best describes the primary busine <u>e.</u> More information on <u>NAICS</u> can be found online. The of the Character of the Business Which is Ac <u>BOVERNMENTS WITH THE DESIGN OF M</u> <u>DGRAMS.</u> Address	tually Conducted in R	hode Island
Enter the six digit NA the list of codes <u>here</u> <u>541612</u> 4. Brief Description <u>ASSIST STATE G</u> <u>HEALTH</u> <u>INSURANCE PRO</u> 5. Principal Office A No. and Street:	AICS Code that best describes the primary busine <u>e.</u> More information on <u>NAICS</u> can be found online. In of the Character of the Business Which is Ac <u>ROVERNMENTS WITH THE DESIGN OF M</u> <u>DGRAMS.</u> <u>Address</u> <u>511 CANYON DRIVE</u>	tually Conducted in R EDICAID AND CHI	hode Island
Enter the six digit NA the list of codes <u>here</u> <u>541612</u> 4. Brief Description <u>ASSIST STATE G</u> <u>HEALTH</u> <u>INSURANCE PRO</u> 5. Principal Office A No. and Street: City or Town:	AICS Code that best describes the primary busine <u>e.</u> More information on <u>NAICS</u> can be found online. The Character of the Business Which is Ac <u>EOVERNMENTS WITH THE DESIGN OF M</u> <u>EOGRAMS.</u> <u>Address</u> <u>511 CANYON DRIVE</u> <u>LAWRENCE</u> State: <u>KS</u>	tually Conducted in R EDICAID AND CHII	hode Island LDREN
Enter the six digit NA the list of codes <u>here</u> 541612 4. Brief Description <u>ASSIST STATE G</u> <u>HEALTH</u> <u>INSURANCE PRO</u> 5. Principal Office A No. and Street: City or Town: 6. Mailing Address	AICS Code that best describes the primary busine a. More information on <u>NAICS</u> can be found online. The of the Character of the Business Which is Act ACCENTENTS WITH THE DESIGN OF ME DGRAMS. Address <u>511 CANYON DRIVE</u> LAWRENCE State: KS of Limited Liability Company and Name or Tit	tually Conducted in R EDICAID AND CHII Zip: <u>66049</u> Cou	hode Island LDREN
Enter the six digit NA the list of codes <u>here</u> 541612 4. Brief Description <u>ASSIST STATE G</u> <u>HEALTH</u> <u>INSURANCE PRO</u> 5. Principal Office A No. and Street: City or Town: 6. Mailing Address Contact Name: <u>BR</u>	AICS Code that best describes the primary busine a. More information on <u>NAICS</u> can be found online. The of the Character of the Business Which is Act ACCENTRY WITH THE DESIGN OF ME DGRAMS. Address <u>511 CANYON DRIVE</u> LAWRENCE State: KS of Limited Liability Company and Name or Tit RENDA JACKSON Contact Title: <u>PRESIDENT A</u>	tually Conducted in R EDICAID AND CHII Zip: <u>66049</u> Cou	hode Island LDREN
Enter the six digit NA the list of codes <u>here</u> 541612 4. Brief Description <u>ASSIST STATE G</u> <u>HEALTH</u> <u>INSURANCE PRO</u> 5. Principal Office A No. and Street: City or Town: 6. Mailing Address	AICS Code that best describes the primary busine <u>a.</u> More information on <u>NAICS</u> can be found online. The Character of the Business Which is Ac COVERNMENTS WITH THE DESIGN OF M <u>COVERNMENTS WITH THE DESIGN OF M</u> <u>COGRAMS.</u> Address <u>511 CANYON DRIVE</u> <u>LAWRENCE</u> State: <u>KS</u> of Limited Liability Company and Name or Timesting States States <u>511 CANYON DR</u>	tually Conducted in R EDICAID AND CHI Zip: <u>66049</u> Cou tle of Contact Person: ND MEMBER	hode Island LDREN
Enter the six digit NA the list of codes <u>here</u> 541612 4. Brief Description <u>ASSIST STATE G</u> <u>HEALTH</u> <u>INSURANCE PRO</u> 5. Principal Office A No. and Street: City or Town: 6. Mailing Address Contact Name: <u>BR</u> No. and Street: City or Town:	AICS Code that best describes the primary busine a. More information on <u>NAICS</u> can be found online. The of the Character of the Business Which is Act ACCENTENTS WITH THE DESIGN OF M DGRAMS. Address <u>511 CANYON DRIVE</u> <u>LAWRENCE</u> State: <u>KS</u> of Limited Liability Company and Name or Tit <u>RENDA JACKSON</u> Contact Title: <u>PRESIDENT A</u> <u>511 CANYON DR</u> <u>LAWRENCE</u> State: <u>KS</u> z ess of Each Manager of the Limited Liability C	tually Conducted in R EDICAID AND CHII Zip: 66049 Cou tle of Contact Person: ND MEMBER tip: 66049 Coun	hode Island LDREN ntry: <u>USA</u> try: <u>USA</u>
Enter the six digit NA the list of codes <u>here</u> 541612 4. Brief Description <u>ASSIST STATE G</u> <u>HEALTH</u> INSURANCE PRO 5. Principal Office A No. and Street: City or Town: 6. Mailing Address Contact Name: <u>BR</u> No. and Street: City or Town: 7. Name and Addre	AICS Code that best describes the primary busine a. More information on <u>NAICS</u> can be found online. The of the Character of the Business Which is Act ACCENTENTS WITH THE DESIGN OF M DGRAMS. Address <u>511 CANYON DRIVE</u> <u>LAWRENCE</u> State: <u>KS</u> of Limited Liability Company and Name or Tit <u>RENDA JACKSON</u> Contact Title: <u>PRESIDENT A</u> <u>511 CANYON DR</u> <u>LAWRENCE</u> State: <u>KS</u> z ess of Each Manager of the Limited Liability C	tually Conducted in R EDICAID AND CHII Zip: 66049 Cou tle of Contact Person: ND MEMBER tip: 66049 Coun	hode Island LDREN ntry: <u>USA</u> try: <u>USA</u>

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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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

Signed this 6 Day of October, 2017 at 5:19:48 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 <u>BRENDA D JACKSON</u> 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