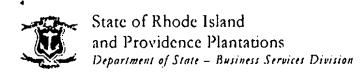
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000118406

business consulting

2. Exact name of the limited liability company

4. Brief description of the character of the business which is uctually conducted in Rhode Island

Kellogg Associates LLC

148 W. River Street Providence, RI 02904-2615

Zip

Form 632 Rev. 08/08

541611 5. State of Formation

Rhode Island

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 - Filing Fee: \$50.00" • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

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.

4. Principal office address 162 Meeting Street			City Providence	State RI	2ip 02906	
		BILITY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:	·	
Contact Name			Contact Title			
David Kellogg			Member State Zip			
Street Address 162 Meeting Street			Criy Providence	RI	02906	
B. NAME AND AD	DRESS OF EACH MANA	GER OF THE LIMITED ES BEFORE USING ATT	LIABILITY COMPANY, IF APP ACHMENTS ("X" BOX FOR	LICABLE - DO NOT	LIST MEMBERS	
Munager Nume			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manuger Nume	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
File Date	This report n	FILED OCT 0 6 20		I declare and affirm that I	have examined this repents, and that all statements	
Ву:			Signature of Authorized Po	erson ()	Daile /	
FOR SECR	LETARY OF STATE USE ONLY					
	CONTROL STATE SEE SHOT		David Kellogg, Me	mber		