

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

THE CONTRACTOR EN

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company					
153662	Arcarius Consulting Services, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
541613	To provide consulting services to the medical packaging industry and any other lawful					
5. State of Formation	purpose.					
Rhode Island						
6. Principal Office Address			City	State	Zip	
138 East Shore Road			Narragansett	RI	02882	
7. Mailing Address of Limited Lia	ibility Compan	y and Name or Title				
Contact Name Robert A. DiPetrillo			Contact Title Sole Member			
Street Address 138 East Shore Road			City Narragansett	State RI	^{Zip} 02882	
8. List ALL managers (names a	nd addresses)	of the Limited Liabi	lity Company. IF APPLICABL	E - DO NOT LIST I	WEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>		1	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 dec statements, and that all staten				any accompanyin	g schedules and	
Name of Authorized Person				Date	/	
Robert A. DiPetrillo				10/2/	10/2/17	
Signature of Authorized Person SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services

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

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

OCT 11 2017

FORM 63