



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**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. 000489521

2. Exact Name of the Limited Liability Company Dynamic River LLC

3. State of Formation

State: RI

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.

541512

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

DYNAMIC RIVER HAS BEEN PROVIDING STATE OF THE ART TECHNOLOGY THAT DIRECTLY COINCIDES WITH THE NEEDS OF OUR CLIENTS. OUR DIVERSE CLIENTELE SPANS THE SPECTRUM FROM STARTUPS TO GLOBAL BUSINESS PARTNERS. WHETHER

YOU ARE LOOKING FOR CUSTOMIZED SOLUTIONS, CONTINGENCY PLANS, OR A LARGE-SCALE TECHNOLOGY ROLLOUT, OUR TEAM HAS THE EXPERIENCE TO MIGRATE

YOU THROUGH THE EVER CHANGING TECHNOLOGICAL RIVER. OUR COMPANY SPECIALIZES IN MANY AREAS OF IT. WE EMPLOY A VAST SPECTRUM OF EXPERT'S IN EACH AREA WE REPRESENT. LET US HELP CONNECT YOU WITH THE BEST MATCH FOR YOUR PROJECT THE FIRST TIME AROUND. OUR GOAL IS TO HELP YOU INCORPORATE THE LATEST TECHNOLOGY INTO YOUR BUSINESS TO HELP AUTOMATE YOUR FUNCTIONAL BUSINESS PROCESSES.

5. Principal Office Address

No. and Street: 234C POST ROAD

City or Town: WAKEFIELD

State: RI

Zip: 02879

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 234C POST ROAD

City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address <small>Address, City or Town, State, Zip Code, Country</small>
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

BEN TICKNER 234C POST ROAD WAKEFIELD , RI 02879

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

Signed this 13 Day of October, 2017 at 6:38:11 AM 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 BEN TICKNER
Signature of Authorized Person

Form No. 632
Revised 09/07