Sta	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	Services treet)4-2615	
Limited Liability Comp Annual Report Filing Period: September 1 - I			
	-16-66(d), each limited liability comp thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2	2017		
1. ID No. 001660642			
2. Exact Name of the Limited Liability Company Kislak Consulting, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541618</u>			
4. Brief Description of the	Character of the Business Which	is Actually Conducted in Rh	ode Island
HEALTH LAW AND PO ORGANIZATIONS.	LICY SUPPORT FOR HEALTH	ICARE AND NON-PROFIT	-
5. Principal Office Address	\$		
	<u>. BOX 40143</u> <u>DVIDENCE</u> State: <u>RI</u>	Zip: <u>02940</u> Country	/: <u>USA</u>
6. Mailing Address of Limi	ted Liability Company and Name	or Title of Contact Person:	
Contact Name: REBECCA KISLAK Contact Title: PRESIDENT No. and Street: PO BOX 40143 City or Town: PROVIDENCE State: RI Zip: 02940 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip	

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

<u>KELLY MCGEE</u> <u>DONOGHUE, BARRETT & SINGAL, PC</u> <u>ONE CEDAR STREET, SUITE 300</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02903</u>

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

Signed this 16 Day of October, 2017 at 1:40:20 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>REBECCA KISLAK</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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