RI SOS Filing Number: 201751738730 Date: 10/16/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

STAMP

Annual Report for the year: 2017 **Limited Liability Company** 

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

State CA

State IL

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - Dr

<sup>Zıp</sup> 60602

-> Filing period: September 1 - November 1

→ Filing Fee: \$50.00

1. Entity ID Number

5 State of Formation

6 Principal Office Address

Contact Name Anne Gandini

Manager Name Kimberly Starr

Manager Name Marvin Tenenbaum

2200 Powell Street, Suite 1200

Street Address 700 Louisiana Street, Suite 2600

Street Address 2200 Powell Street, Suite 1200

Street Address 70 West Madison, Suite 5000

1670955 3. NAICS Code

541990

DE

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

- Novemb	er 1			
ee if form is	not filed by Dece	ember 1.	_	
	ne of the Limited L	iability Company rch Group, LLC		
4. Brief desc	cription of the char	acter of business conducted in	Rhode Island	
Profession	nal Consulting	Services		
		City	State	Zip
10		Emeryville	CA	94608
ility Compan	y and Name or Tit	le of Contact Person		
on part	y and name of th	Contact Title Tax Manage	r	······································
reet, Suite 2600		City Houston	State TX	<sup>Ζiρ</sup> 77002
addresses)	of the Limited Lia	bility Company, IF APPLICABL	.E - DO NOT LIST I	MEMBERS
		Manager Name Eric Miller		
et, Suite 1200		Strect Address 1800 M Street NW Second Floor		
Slate CA	<sup>Z<sub>ip</sub></sup> 94608	City Washington	State DC	<sup>Zip</sup> 20036
ım		Manager Name John MacDonald		
Suite 5000		Street Address 1800 M Street NW Second floor		
State 11	Zip 60602	City Washington	StateDC	Zip 20036

Check the box to indicate an attachment

<sup>City</sup> Washington

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

Name of Authorized Person

Anne Gandini

City Chicago

<sup>City</sup> Emeryville

Date

9/28/2017

Signature of Authorized Person

MAIL TO:

**Division of Business Services** 

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

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

FORM 632 - Revised: 08/2017