St	ate of Rhode Island and I Office of the Secr			Fee: \$50.00
HOPE	Division Of Busir 148 W. Rive Providence RI 0 (401) 222-	r Street 2904-2615		
Limited Liability Comp Annual Report Filing Period: September 1 -				
	7-16-66(d), each limited liability c hthirty (30) days after the time pr enalty fee of \$25.00.			
ANNUAL REPORT YEAR:	2017			
1. ID No. <u>000535520</u>				
2. Exact Name of the Limited Liability Company <u>OWM SOLUTIONS, LLC</u>				
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>541519</u>				
4. Brief Description of the	Character of the Business Wi	nich is Actual	ly Conducted in RI	node Island
INFORMATION SYSTE	EMS CONSULTING			
5. Principal Office Addres	S			
	<u>RENCHTOWN ROAD</u> <u>GREENWICH</u>	State: <u>RI</u>	Zip: <u>02818</u> Cor	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
No. and Street: 1823 F	<u>DG</u> Contact Title: <u>PRESIDENT</u> RENCHTOWN ROAD <u>GREENWICH</u>	State: <u>RI</u>	Zip: <u>02818</u> Co	untry: <u>USA</u>
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	Code, Country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTE	२		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SID T. ORDOG 1823 FRENCHTOWN ROAD EAST GREENWICH, RI 02818

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

Signed this 20 Day of October, 2017 at 10:43:55 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>SID T. ORDOG</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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