

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

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- → 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 | ntity ID Number 2. Exact name of the Limited Liability Company | | | | | |
|--|---|-------------|-----------------------|-----------|--------|--|
| 970206 | The Inverting Heron Project, LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 611710 | areer resource created in help young people in a fundamental | | | | | |
| 5. State of Formation | way - by inspiring hope and ambition, through storytelling | | | | | |
| Odeware | | | | | | |
| 6. Principal Office Address Lindson Kuhn | | | City | State | Zip | |
| 3+1 Angli 11 + 2 02906 | | | | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name Linds on Kuhn | | | Contact Title Founder | | | |
| Street Address 377 Angell St # 2 | | | City Providence | State R I | 0290 B | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name Lindsay Kuhn | | | Manager Name | | | |
| Street Address 377 Angell N. # 7 | | | Street Address | | | |
| City Povidence | State | Zip 0 290 4 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Check the box to indicate 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 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. | | | | | | |
| Name of Authorized Person | | | | Date | | |
| Lindsay Kuhn | | | | 1012 | 3/17 | |
| Signature of Authorized Person | | | | | | |
| 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 FILED COCT 2 3 2017 3:45

BY Cu 315564