Annual Report for the year: 2017
Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number 525565	2. Exact name of the Limited Liability Company GoLocalProv, LLC					
3. NAICS Code 81 2 2 V	4. Brief description of the character of business conducted in Rhode Island Digital content driven platform in conjunction with media partners in Providence, Rhode Island					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
44 Weybosset Street			Providence	RI	02903	
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person			
Contact Name Joshua Fenton			Contact Title			
Street Address 44 Weybosset Street			City Providence	State RI	^{Zip} 02903	
8. List ALL managers (names ar	nd addresses)	of the Limited Liabi	lity Company, IF APPLICAB	ILE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		 .	. 	Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Islan	d. This informat	on is currently of rec	ord with the Department of Stat	le. Changes require filin	g Form 642.	
Under penalty of perjury, I dec statements, and that all statem				g any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
Melissa Dekroon				10/18/1	10/18/17	
Signature of Authorized Person	ias	SIGN DO	CUMENT HERE			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 23 2017 14944 DS