



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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BUS SVCS DIV
2017 OCT 25 PM 12:22

1. Entity ID Number 1341624		2. Exact name of the Limited Liability Company Virtually Yours LLC			
3. NAICS Code 561110		4. Brief description of the character of business conducted in Rhode Island administrative and support services			
5. State of Formation RI					
6. Principal Office Address 25 Blodgett Avenue			City Pawtucket	State RI	Zip 02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Sandra Tremblay			Contact Title President		
Street Address 25 Blodgett Avenue			City Pawtucket	State RI	Zip 02860
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST 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 indicate an attachment <input type="checkbox"/>					
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 Sandra Tremblay				Date 10/13/17	
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

OCT 25 2017
BY **315754**
FORM 632 - Revised: 08/2017

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