RI SOS Filing Number: 201752980390 Date: 11/3/2017 4:00:00 PM

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.

1. Entity ID Number	2 Event name	of the Limited Lia	hility Company	<del></del>		
001660536	1		<b>Management</b> (	Company, l	.LC	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
541611	Management/Consulting Services					
5. State of Formation	1					
RI						
6. Principal Office Address			City	State	Zip	
334 East Avenue			Pawtucket,	RI	02860	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Michael Bigney		Contact Title Member				
Street Address 334 East Avenue		City Pawtucket	State RI	<sup>Zip</sup> 02860		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name N		Manager Name				
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name 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 deci statements, and that all statem				any accompanying	schedules and	
Name of Authorized Person				Date		
lichael Bigney			10/26/2017			
Signature of Authorized Person SIGN DOCUMENT HERE						
<i>U)</i>				<i>y</i>		

MAIL TO:

Division of Business Services

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

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

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FORM 632 - Revised: 08/2017