



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company**

**Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR: 2017**

**1. ID No. 001669476**

**2. Exact Name of the Limited Liability Company Great Minds LLC**

**3. State of Formation**

State: DC

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

813410

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

**CURRICULUM SALES AND SUPPORT**

**5. Principal Office Address**

No. and Street: 55 M STREET, SOUTHEAST, SUITE 340

City or Town: WASHINGTON

State: DC Zip: 20003 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: DAWN HUBER Contact Title: CONTRACTS ADMINISTRATOR

No. and Street: 55 M STREET, SOUTHEAST, SUITE 340

City or Town: WASHINGTON

State: DC Zip: 20003 Country: USA

**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
MANAGER	LYNNE MUNSON	55 M STREET, SOUTHEAST, SUITE 340 WASHINGTON, DC 20003 USA
MANAGER	NELL MCANELLY	1136 RICHLAND AVENUE

		BATON ROUGE, LA 70806 USA
MANAGER	JASON GRIFFITHS	12332 SW HOLLOW LANE TIGARD, OR 97223 USA
MANAGER	WILLIAM KELLY	2584 NW PETTYGROVE STREET SUITE 204 PORTLAND, OR 97210 USA
MANAGER	JOSEPH HEIDER	316 N BROADWAY NYACK, NY 10960 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE, RI 02914

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

**Signed this 1 Day of December, 2017 at 3:20:33 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 LYNNE MUNSON  
 Signature of Authorized Person

Form No. 632  
 Revised 09/07

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