St	ate of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.0
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability comp thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000145335</u>			
2. Exact Name of the Lin	nited Liability Company <u>HIGHER</u>	R LEVEL, LLC	
3. State of Formation			
State: <u>RI</u>			
Enter the six digit NAICS C	ARTICLE III	business conducted by	v the entity. Download
	ARTICLE III ode that best describes the primary information on <u>NAICS</u> can be found		y the entity. Download
the list of codes <u>here.</u> More	ode that best describes the primary	online.	
the list of codes <u>here.</u> More <u>711219</u> 4. Brief Description of the	ode that best describes the primary information on <u>NAICS</u> can be found Character of the Business Which	online.	
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the list of codes <u>here.</u> More <u>711219</u> <b>4. Brief Description of the</b> <u>RUNNING BASED FITM</u> <b>5. Principal Office Addres</b> No. and Street: <u>423 I</u> City or Town: <u>JAM</u> <b>6. Mailing Address of Lim</b> Contact Name: Contact T No. and Street: <u>423 I</u>	ode that best describes the primary information on <u>NAICS</u> can be found <b>Character of the Business Which</b> <u>NESS TRAINER</u> <u>S</u> <u>DAVIT AVENUE</u> <u>S</u> <u>S</u> <u>S</u> <u>S</u> <u>DAVIT AVENUE</u> <u>S</u> <u>S</u> <u>S</u> <u>S</u> <u>S</u> <u>S</u> <u>S</u> <u>S</u>	n <b>is Actually Conduct</b> <u>RI</u> Zip: <u>02835</u> or Title of Contact F	ted in Rhode Island Country: <u>USA</u> Person:
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the list of codes <u>here.</u> More <u>711219</u> <b>4. Brief Description of the</b> <u>RUNNING BASED FITH</u> <b>5. Principal Office Addres</b> No. and Street: <u>423 I</u> City or Town: <u>JAM</u> <b>6. Mailing Address of Lim</b> Contact Name: Contact T No. and Street: <u>423 I</u> City or Town: <u>JAM</u> <b>7. Name and Address of I</b>	ode that best describes the primary information on <u>NAICS</u> can be found Character of the Business Which <u>NESS TRAINER</u> S <u>DAVIT AVENUE</u> <u>ESTOWN</u> State: itted Liability Company and Name ittle: <u>DAVIT AVENUE</u> <u>STOWN</u> State: <u>I</u> Each Manager of the Limited Liab S Individual Name	online.         is Actually Conduct         RI       Zip: 02835         or Title of Contact F         RI       Zip: 02835         or Title Of Contact F         Add	ted in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u> plicable.
the list of codes here. More <u>711219</u> 4. Brief Description of the <u>RUNNING BASED FITM</u> 5. Principal Office Address No. and Street: <u>423 I</u> City or Town: <u>JAM</u> 6. Mailing Address of Lime Contact Name: Contact T No. and Street: <u>423 I</u> City or Town: <u>JAM</u> 7. Name and Address of Lime DO NOT LIST MEMBER	ode that best describes the primary information on <u>NAICS</u> can be found Character of the Business Which <u>NESS TRAINER</u> <u>S</u> <u>DAVIT AVENUE</u> <u>ESTOWN</u> State: <u>itted Liability Company and Name</u> <u>ittle:</u> <u>DAVIT AVENUE</u> <u>ESTOWN</u> State: <u>I</u> <u>Each Manager of the Limited Liab</u> S	online.         is Actually Conduct         RI       Zip: 02835         or Title of Contact F         RI       Zip: 02835         or Title of Contact F         Output         Output	ted in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u> plicable.

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

<u>GREGORY P. MURPHY</u> <u>423 DAVIT AVENUE</u> <u>JAMESTOWN</u>, <u>RI</u> <u>02835</u>

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

**Signed this 26 Day of December, 2017 at 3:02:52 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 GREGORY P MURPHY

Signature of Authorized Person

Form No. 632 Revised 09/07

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