

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2018 MAR -2 AM 9: 36

Annual Report for the year: 2018
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 Evact	name of the L =-	and Links One			
	1	2. Exact name of the Limited Liability Company				
789368	Targete	Targeted Strategics LLC  4. Brief description of the character of business conducted in Rhode Island				
3. NAICS Code	4. Brief d	Brief description of the character of business conducted in Rhode Island				
541820	Public a	Public affairs, political consulting, government relations				
5. State of Formation	_	•	J . J			
ks	0.116					
Principal Office Address	I PUBLIC Y	relations agen	City	10	12:	
				State	Zip	
25 SELLE ISLE WAY  7. Mailing Address of Limited Liability Company and Name or Tit			CRANISTON	F-3	02921	
Contact Name	Liability Comp	any and Name o			· · · · · · · · · · · · · · · · · · ·	
Patrick Sweeney			Contact Title	Contact Title Owner / Principal		
Street Address			City	State	7in	
25 Belle Isle way			Cranston	RZ.	Zip 02921	
8. List ALL managers (names	and addresse	es) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
	<del>- ,</del>					
City	State	Zip	City	State	Zip	
				Check the box to it	ndicate an attachment	
9. Resident Agent in Rhode Isla	and. This inforn	nation is currently o	of record with the Department of Sta	te. Changes require filin	g Form 642.	
Under penalty of perjury, I de statements, and that all state	clare and aff.	irm that I have e	examined this report, including	g any accompanying	g schedules and	
Name of Authorized Person Date						
Patrick Greeney				3/2/18		
Signature of Authorized Person	· ·				70	
/	<del></del>	·				

MAIL TO:

**Division of Business Services** 

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

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BY 970 25714