



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

No Fee

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

**Foreign Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2017

1. ID No. 000906503

2. Exact Name of the Limited Liability Company RAIN ENTERPRISES, LLC

3. State of Formation

State: DE

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.

512290

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

PUBLISHING NEWSLETTERS AND CONDUCTING SEMINARS FOR THE INTERNET
RADIO AND
DIGITAL MEDIA INDUSTRIES

5. Principal Office Address

No. and Street: 34 NARRAGANSETT AVENUE
SUITE 4

City or Town: JAMESTOWN State: RI Zip: 02835 Country: USA

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

Contact Name: ROBERT J. MACCINI Contact Title: MANAGER

No. and Street: 34 NARRAGANSETT AVENUE
SUITE 4

City or Town: NARRAGANSETT State: RI Zip: 02835 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	JOSEPH V. GALLAGHER, III	34 NARRAGANSETT AVENUE, SUITE 4 JAMESTOWN, RI 02835 USA
MANAGER	ROBERT J. MACCINI	34 NARRAGANSETT AVENUE, SUITE 4 JAMESTOWN, RI 02835 USA
MANAGER	KURT HANSON	34 NARRAGANSETT AVENUE, SUITE 4 JAMESTOWN, RI 02835 USA

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

LORI J. LOUSARARIAN, ESQ. 301 PROMENADE STREET PROVIDENCE , RI 02908

Signed this 28 Day of March, 2018 at 10:48:05 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 ROBERT J. MACCINI, MANAGER
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

March 28, 2018 10:48 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

