



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

5/1/18

*Amended for
 change of address,
 as below.*

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.

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 SECRETARY OF STATE
 CORPORATIONS DIV
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|--|-------|--|--|---------------------------------|-----|
| 1. Entity ID Number 118115 | | 2. Exact name of the Limited Liability Company STENHOUSE COUNSULTING, LLC | | | |
| 3. NAICS Code 541519 | | 4. Brief description of the character of business conducted in Rhode Island Computer consultant | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 4 Traveres Street 1 Richmond Square Suite 234E | | City Providence | State RI | Zip 02908 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Scott Stenhouse | | | Contact Title Authorized Member | | |
| Street Address 4 Traveres Street | | City Providence | State RI | Zip 02908 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | | |
| Name of Authorized Person SCOTT STENHOUSE | | | | Date November 7, 2017 | |
| Signature of Authorized Person | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

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BY CH 11:05

118115


STENHOUSE CONSULTING, LLC

ACTION BY CONSENT OF THE MEMBERS

The undersigned, being Members representing all of the capital values of the ownership interests of STENHOUSE CONSULTING, LLC, a Rhode Island limited liability company (the "Company"), hereby consent and agree to the following actions:

That all acts of the Members of the Company to the date hereof be and the same are hereby ratified and approved.

IN WITNESS WHEREOF, the undersigned have executed this Consent as of the 7th day of November, 2017.



Scott Stenhouse

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