s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>000530609</u>			
2. Exact Name of the Limited Liability Company <u>SARLA CONSULTANTS LLC</u>			
3. State of Formation			
State: <u>RI</u>			
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.			
<u>519190</u>			
4. Brief Description of the	e Character of the Business Which	is Actually Conducted in F	Rhode Island
DEVELOPMENT AND SALE OF MOBILE APPS FOR SMARTPHONES			
5. Principal Office Addres	SS		
	MALLARD COVERRINGTONState:	<u>RI</u> Zip: <u>02806</u> Cou	ntry: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Person	:
	IALLARD COVE		
City or Town: <u>BAR</u>	RINGTON State:	<u>RI</u> Zip: <u>02806</u> Cou	intry: <u>USA</u>
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, Zi	ip Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>SNEHAL SHAH</u> <u>32 MALLARD COVE</u> <u>BARRINGTON</u>, <u>RI</u> <u>02806</u>

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

Signed this 13 Day of August, 2018 at 9:15:06 AM 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 FALGUNI SHAH

Signature of Authorized Person

Form No. 632 Revised 09/07

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