S S	tate of Rhode Island and P Office of the Secre	•••••••••••••••••••••••••••••••••••••••	ns Fee: \$50.00
HOPE	Division Of Busine 148 W. River Providence RI 02 (401) 222-3	Street 904-2615	
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2018			
1. ID No. <u>000705455</u>			
2. Exact Name of the Limited Liability Company LORI A. CARLINO, CPA & BUSINESS CONSULTANT, LLC			
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 <u>here.</u> More information on <u>NAICS</u> can be found online.			
541211			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
CERTIFIED PUBLIC ACCOUNTANT & BUSINESS CONSULTING.			
5. Principal Office Addre	SS		
	<u>PHENIX AVENUE</u> ANSTON Sta	te: <u>RI</u> Zip: <u>02920</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name:LORI A. CARLINOContact Title:No. and Street:121 PHENIX AVENUECity or Town:CRANSTONState:RIZip:02920Country:USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Addr Address, City or Town, S	

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

LORI A. CARLINO <u>121 PHENIX AVENUE</u> <u>CRANSTON</u>, <u>RI</u> <u>02920</u>

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

Signed this 30 Day of August, 2018 at 3:56:45 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 <u>LORI A. CARLINO, CPA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 \circledast 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved