Sta	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet 04-2615	
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. 000163088			
2. Exact Name of the Limited Liability Company <u>DE VALERIO CONSULTING, 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 <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541618</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
PROJECT MANAGEMENT CONSULTING SERVICES.			
5. Principal Office Address	5		
No. and Street:413 GONDOLA AVENUECity or Town:JAMESTOWNState: RIZip: 02835Country: USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name:LYNNE DE VALERIO Contact Title:OWNERNo. and Street:PO BOX 472City or Town:JAMESTOWNState:RIZip:02835Country: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	Address Address, City or Town, State, Zip Co	de, Country
8. RESIDENT AGENT IN RH	IODE ISLAND - DO NOT ALTER		

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

LYNNE DE VALERIO 413 GONDOLA AVENUE JAMESTOWN, RI 02835

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

Signed this 31 Day of August, 2018 at 2:11:04 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>LYNNE L DE VALERIO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved