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

Fee: $50.00

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

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. 001677939

2. Exact Name of the Limited Liability Company Collegiate Enterprise Solutions, LLC

3. State of Formation

State: MA

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.

541618

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

WE ARE A PROVIDER OF INTERIM CABINET LEVEL LEADERSHIP OPERATING AS A PASS
THROUGH ENTITY.

5. Principal Office Address

No. and Street: 3 CENTENNIAL DRIVE
SUITE 320
City or Town: PEABODY State: MA Zip: 01960 Country: USA

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

Contact Name: AMY LAUREN MILLER Contact Title: VICE PRESIDENT
No. and Street: 8 BOTTS CT
SUITE 320
City or Town: SALEM State: MA Zip: 01970 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	GEORGE J MATTHEWS	13 HICKORY HILL ROAD MANCHESTER, MA 01944 USA
MANAGER	BRYAN E CARLSON	81 ARCH STREET NEEDHAM, MA 02492 USA
MANAGER	KEVIN J MATTHEWS	137 HAYNES ROAD SUDBURY, MA 01776 USA
MANAGER	AMY LAUREN MILLER	8 BOTTS COURT SALEM, MA 01970 USA

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

RHODE ISLAND COLLEGE 600 MOUNT PLEASANT AVENUE PROVIDENCE , RI 02908

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

Signed this 4 Day of September, 2018 at 8:15:27 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 AMY LAUREN MILLER
Signature of Authorized Person

Form No. 632
Revised 09/07