



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1) Entity ID No. <u>872419</u>		2. Exact name of the limited liability company <u>Informed Sources LLC</u>	
3) State of Formation <u>R.I. 541613</u>		4. Brief description of the character of business conducted in Rhode Island <u>Mktg Communications Services; book publishing</u>	
5) Principal office address <u>92 State Street</u>		City <u>Bristol</u>	State <u>RI</u> Zip <u>02809</u>
6) MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Mr Richard Roberts</u>		Contact Title <u>President</u>	
Street Address <u>92 State St</u>		City <u>BRISTOL</u>	State <u>RI</u> Zip <u>02809</u>
7) LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name <u>n/a</u>		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Manager Name	Manager Name		
Street Address	Street Address		
City	State	Zip	City
State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

SEP 10 2018

BY

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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.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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