| | State of Rhode Island and Pro Office of the Secreta | | Fee: \$50.00 |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------|
| | Division Of Business | | |
| 148 W. River Street Providence RI 02904-2615 | | | |
| Lant | (401) 222-30 | | |
| | | | |
| Limited Liability Cor Annual Report | npany | | |
| Filing Period: September | 1 - November 1 | | |
| | 7-16-66(d), each limited liability com nin thirty (30) days after the time preso penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR | : <u>2018</u> | | |
| 1. ID No. <u>00015851</u> | 5 | | |
| 2. Exact Name of the Limited Liability Company <u>ACADEMIC ADVANTAGE LLC</u> | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download | | | |
| - | re information on <u>NAICS</u> can be found | - | ntity. Download |
| <u>611691</u> | | | |
| 4. Brief Description of t | he Character of the Business Whicl | n is Actually Conducted in R | hode Island |
| TUTORING SERVICE | <u>S</u> | | |
| 5. Principal Office Addr | ess | | |
| No. and Street: <u>1845 POST ROAD</u> | | | |
| City or Town: WARWICK State: <u>RI</u> Zip: <u>02886</u> Country: <u>USA</u> | | | |
| 6. Mailing Address of L | imited Liability Company and Name | e or Title of Contact Person | : |
| Contact Name: Contac | t Title: | | |
| No. and Street: <u>4 HAGERSTOWN ROAD</u> | | | |
| City or Town: WAR | <u>RWICK</u> Star | te: <u>RI</u> Zip: <u>02886</u> Co | untry: <u>USA</u> |
| 7. Name and Address of DO NOT LIST MEMBE | f Each Manager of the Limited Lial RS | bility Company, if Applicabl | е. |
| Title | Individual Name | Address | |
| THUG | First, Middle, Last, Suffix | Address, City or Town, State, Zi | p Code, Country |
| MANAGER | RICHARD ALAN DEUTSCH | 4 HAGERSTC WARWICK, RI 02886 | |

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

RICHARD DEUTSCH 1845 POST ROAD, SUITE 1 SOUTH WARWICK , RI 02888

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

Signed this 26 Day of September, 2018 at 2:04:35 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>RICHARD DEUTSCH</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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