**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.** 000163158

**2. Exact Name of the Limited Liability Company** THE HARWICH GROUP, LLC

**3. State of Formation**

State: RI

**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**

HEALTH CARE CONSULTING

**5. Principal Office Address**

No. and Street: C/O RAY SESSLER
21 KARLA LANE
City or Town: EAST SANDWICH State: MA Zip: 02537 Country: USA

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

Contact Name: KAREN FIFER FERRY Contact Title: PARTNER
No. and Street: 757 SE 17TH STREET
UNIT 1230
City or Town: FORT LAUDERDALE State: FL Zip: 33316 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**
**DO NOT LIST MEMBERS**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| MANAGER | KAREN FERRY | 757 SE 17TH STREET |

| | | |
|---|---|---|
| | | FORT LAUDERDALE, FL 33316 USA |

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

DON E. WINEBERG, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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

**Signed this 8 Day of October, 2018 at 10:55:38 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 KAREN FIFER FERRY
Signature of Authorized Person

Form No. 632
Revised 09/07

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