



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. 001669476

2. Exact Name of the Limited Liability Company Great Minds LLC

3. State of Formation

State: DC

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.

813410

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

CURRICULUM SALES AND SUPPORT

5. Principal Office Address

No. and Street: 55 M STREET, SOUTHEAST, SUITE 340

City or Town: WASHINGTON

State: DC Zip: 20003 Country: USA

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

Contact Name: Contact Title:

No. and Street: 55 M STREET, SOUTHEAST, SUITE 340

City or Town: WASHINGTON

State: DC Zip: 20003 Country: 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 Code, Country
MANAGER	LYNNE MUNSON	55 M STREET, SOUTHEAST, SUITE 340 WASHINGTON, DC 20003 USA
MANAGER	NELL MCANELLY	1136 RICHLAND AVENUE

		BATON ROUGE, LA 70806 USA
MANAGER	JASON GRIFFITHS	6421 SE STARK ST PORTLAND, OR 97215 USA
MANAGER	WILLIAM KELLY	1226 SW CHELTENHAM ST PORTLAND, OR 97239 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 10 Day of October, 2018 at 3:24:43 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 LYNNE MUNSON  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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