



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

OCT 09 2018

BY

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[Signature]

Annual Report for the year: 2018
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 539869		2. Exact name of the Limited Liability Company THE PSO ADVISORY, LLC			
3. NAICS Code 813319		4. Brief description of the character of business conducted in Rhode Island PROVIDE FOR PATIENT SAFETY			
5. State of Formation RHODE ISLAND					
6. Principal Office Address c/o CAMERON & MITTLEMAN LLC, 301 PROMENADE ST.			City PROVIDENCE	State RI	Zip 02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name E. COLBY CAMERON, ESQ.			Contact Title		
Street Address 301 PROMENADE STREET			City PROVIDENCE	State RI	Zip 02908
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name WILLIAM P. SMITH			Manager Name		
Street Address 30 CARGILL ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 542					
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.					
Name of Authorized Person WILLIAM P. SMITH, MANAGER				Date 10/5/18 , 2018	
Signature of Authorized Person <i>William P Smith</i>					

MAIL TO:
 Division of Business Services
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