



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BY

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 1445432		2. Exact name of the Limited Liability Company RI Referrals, LLC			
3. NAICS Code 531210		4. Brief description of the character of business conducted in Rhode Island Referring Clients to another full time Real Estate Agency			
5. State of Formation Rhode Island					
6. Principal Office Address 37 Bellevue Avenue		City Newport		State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Christina K. West		Contact Title			
Street Address 37 Bellevue Avenue		City Newport		State RI	Zip 02840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 642.					
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 Christina K. West				Date 9/26/18	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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