



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

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SECRETARY OF STATE  
CORPORATIONS DIV.  
2018 OCT 17 PM 12:06

Annual Report for the year: 2017  
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 <b>537568</b>		2. Exact name of the Limited Liability Company <b>GENERAL INFORMATION SERVICES LLC</b>	
3. NAICS Code <b>524298</b>		4. Brief description of the character of business conducted in Rhode Island <b>WE INSPECT BUILDINGS FOR INSURANCE UNDERWRITERS</b>	
5. State of Formation <b>NJ</b>			
6. Principal Office Address <b>7-02 FAIR LAWN AVE</b>		City <b>FAIR LAWN</b>	State <b>NJ</b> Zip <b>07410</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>MIKE WILEY</b>		Contact Title <b>GENERAL MANAGER</b>	
Street Address <b>7-02 FAIR LAWN AVE</b>		City <b>FAIR LAWN</b>	State <b>NJ</b> Zip <b>07410</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>MIKE WILEY</b>		Manager Name <b>MIKE WILEY</b>	
Street Address <b>7-02 FAIR LAWN AVE</b>		Street Address <b>7-02 FAIR LAWN AVE</b>	
City <b>FAIR LAWN</b>	State <b>NJ</b>	City <b>FAIR LAWN</b>	State <b>NJ</b> Zip <b>07410</b>
Manager Name <b>MIKE WILEY</b>		Manager Name <b>MIKE WILEY</b>	
Street Address <b>7-02 FAIR LAWN AVE</b>		Street Address <b>7-02 FAIR LAWN AVE</b>	
City <b>FAIR LAWN</b>	State <b>NJ</b>	City <b>FAIR LAWN</b>	State <b>NJ</b> Zip <b>07410</b>
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 <b>MICHAEL D. WILEY</b>		Date <b>10-8-18</b>	
Signature of Authorized Person <i>Michael D. Wiley</i>			

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

12:07  
**FILED**

OCT 17 2018

BY *John H. Naz*