



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

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.

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1. Entity ID Number <u>1676036</u>		2. Exact name of the Limited Liability Company <u>Website Pro LEAD Generation LLC</u>			
3. NAICS Code <u>511210</u>		4. Brief description of the character of business conducted in Rhode Island <u>Website Design</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>28 Friendly Rd</u>		City <u>CRAWSTON</u>	State <u>RI</u>	Zip <u>02910</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Michael Mangaw</u>		Contact Title <u>MANAGER</u>			
Street Address <u>28 Friendly Rd</u>		City <u>CRAWSTON</u>	State <u>RI</u>	Zip <u>02910</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Michael Mangaw</u>		Manager Name			
Street Address <u>28 Friendly Rd</u>		Street Address			
City <u>CRAWSTON</u>	State <u>RI</u>	Zip <u>02910</u>	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 <u>Michael Mangaw</u>				Date <u>11/19/2018</u>	
Signature of Authorized Person <u>[Signature]</u>					

FILED

MAIL TO:

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

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BY [Signature]
A.A.