

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2018 NOV 30 AM 9: 07

Annual Report for the year:
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 2. Exact name of the Limited Liability Company (7) ODAL CON SULHING GROUP LLC						
3. NAICS Code	4. Brief desc	ription of the ch	aracter of business conducte	ed in Rhode Island	V	
DOINU Deal colone Dansels						
5. State of Formation Real ESTATE An Vester						
PI				_		
6. Principal Office Address	s - ~	•	City Diana	State	Zip	
7. Mailing Address of Limited Liability Company and Name or Title			WARRE	nIRI	02885	
	ited Liability Compar	y and Name or	<del></del>			
Contact Name	seph (Tr	aries	Contact Title	OWY)CE.		
Street Address	Mage 2	bad	City HERO	1) State	12102885	
8. List ALL managers (na	mes and addresses	) of the Limited I	Liability Company, IF APPLIC	CABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
			<del> </del>	Check the box to	indicate an attachment	
9. Resident Agent in Rho	de Island. This infom	nation is currently	of record with the Department o			
	ry, I deglare and aff	irm that I have	examined this report, inclu			
Name of Authorized Person Date 30 2018						
Signature of Authorized	Person					
L-//	150414	(5/41	410		<u> </u>	
1/			<i>)</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 NOV 3 0 2018 A.A.