



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

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SECRETARY OF STATE
CORPORATIONS DIV
2019 JAN -4 PM 12:30
STATE OF RHODE ISLAND
PROVIDENCE

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 799768 | | 2. Exact name of the Limited Liability Company Knowledge Partners LLC | | | |
| 3. NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island to operate & manage a real estate business, including the purchasing, selling, leasing, mortgaging, marketing, improving, maintaining & managing real estate | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 150 Chestnut St 3E | | | City Providence | State RI | Zip 02903 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Dustin Dezube | | | Contact Title | | |
| Street Address 150 Chestnut St 3E | | | City Providence | State RI | Zip 02903 |
| 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 842. | | | | | |
| 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 Dustin Dezube | | | | Date 1/3/2019 | |
| Signature of Authorized Person | | | | SIGN DOCUMENT HERE | |

MAIL TO:

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

FILED

JAN 04 2019

BY CU CCR85 FORM 832 - Revised: 10/2017