



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV

2019 MAR 27 PM 1:14

Annual Report for the year: 2018 Amended  
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<br><u>001678159</u>  |                    | 2. Exact name of the Limited Liability Company<br><u>New Horizon Consulting Group LLC</u>                          |                          |                        |                     |
| 3. NAICS Code<br><u>524210</u>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>Employee Benefits Consulting</u> |                          |                        |                     |
| 5. State of Formation<br><u>RI</u>   |                    |  |                          |                        |                     |
| 6. Principal Office Address<br><u>1499 Newport Ave</u>   |                    |  | City<br><u>Pawtucket</u> | State<br><u>RI</u>     | Zip<br><u>02861</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |                    |  |                          |                        |                     |
| Contact Name<br><u>Benjamin Davis</u>  |                    |  | Contact Title            |                        |                     |
| Street Address<br><u>1499 Newport Ave</u>  |                    |  | City<br><u>Pawtucket</u> | State<br><u>RI</u>     | Zip<br><u>02861</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS   |                    |  |                          |                        |                     |
| Manager Name<br><u>Benjamin Davis</u>  |                    |  | Manager Name             |                        |                     |
| Street Address<br><u>198 Saint Botolph Street Apt #1</u>   |                    |  | Street Address           |                        |                     |
| City<br><u>Boston</u>  | State<br><u>MA</u> | Zip<br><u>02115</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<br><u>Benjamin Davis</u>   |                    |  |                          | Date<br><u>3/27/19</u> |                     |
| Signature of Authorized Person<br>   |                    |  |                          |                        |                     |

## 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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FORM 632 - Revised: 10/2017



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

March 27, 2019 01:14 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

