



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. ID No. 000834600

2. Exact Name of the Limited Liability Company LEXISNEXIS RISK DATA RETRIEVAL SERVICES LLC

3. State of Formation

State: GA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

519190

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PUBLIC RECORDS INFORMATION PROVIDER

5. Principal Office Address

No. and Street: 1000 ALDERMAN DRIVE

City or Town: ALPHARETTA

State: GA

Zip: 30005

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 1105 NORTH MARKET STREET, SUITE 501

SUITE 501

City or Town: WILMINGTON

State: DE Zip: 19801 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	KENNETH FOGARTY	313 WASHINGTON STREET

		NEWTON, MA 02458 USA
MANAGER	KENNETH THOMPSON	9443 SPRINGBORO PIKE MIAMISBURG, OH 45342 USA
MANAGER	MARK KELSEY	1000 ALDERMAN DR ALPHARETTA, GA 30005 USA
MANAGER	JULIE GOLDWEITZ	230 PARK AVE NEW YORK, NY 10169 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE ,
RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of August, 2019 at 3:20:21 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By RENEE SIMONTON
Signature of Authorized Person

Form No. 632
Revised 09/07

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