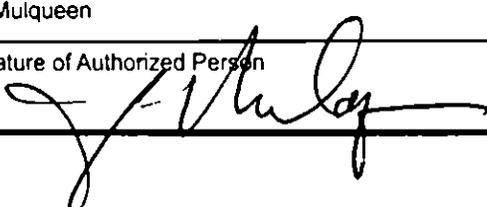




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2019**  
**Limited Liability Company**

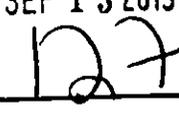
- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>001680932</b>		2. Exact name of the Limited Liability Company <b>Sachem Peak, LLC</b>			
3. NAICS Code 541613		4. Brief description of the character of business conducted in Rhode Island To operate a consulting company and do all things incidental thereto			
5. State of Formation RI					
6. Principal Office Address 6 Elm Farm Drive			City Bristol	State RI	Zip 02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Jeff Mulqueen</b>			Contact Title		
Street Address <b>6 Elm Farm Drive</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02886</b>
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 642.					
<b>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.</b>					
Name of Authorized Person Jeff Mulqueen				Date <b>9/2/19</b>	
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**

SEP 13 2019

BY 

FORM 632 Revised: 10/2017