s s	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00	
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	areet 04-2615		
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. <u>001335213</u>				
2. Exact Name of the Limited Liability Company J. WALTER THOMPSON USA, LLC				
3. State of Formation				
State: <u>DE</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>541810</u>				
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rho	de Island	
ADVERTISING				
5. Principal Office Addre	SS			
No. and Street:466 LEXINGTON AVENUECity or Town:NEW YORKState: NYZip: 10017Country: USA				
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: <u>KEVIN FAREWELL</u> Contact Title: <u>MANAGER</u> No. and Street: <u>C/O WPP, 175 GREENWICH ST</u>				
	City or Town: <u>State: NY</u> Zip:10007Country:USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Address		
MANAOED	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	de, Country	
MANAGER	LYNN POWER	466 LEXINGTON AVE NEW YORK, NY 10017 US		

MANAGER	LEWIS TRENCHER	466 LEXINGTON AVENUE NEW YORK, NY 10017 USA		
MANAGER	KEVIN FAREWELL	C/O WPP, 175 GREENWICH ST, 31ST FL NEW YORK, NY 10007 USA		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER				
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE, RI 02903				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				
Signed this 24 Day of September, 2019 at 11:25:09 AM by the authorized person. <i>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.</i>				
By <u>KEVIN FAREWELL</u> Signature of Authorized Person				
Form No. 632 Revised 09/07				
© 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved				