

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 OCT 18 PM 12: 28

Annual Report for the year: <u>2019</u>
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	2. Exact nam	e of the Limited Lie	shills. Comment		
102709	2. Exact name of the Limited Liability Company  CWING FOCUS L. C.				
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
561410	Career Advisory Dervices including				
5. State of Formation	reserve + bio wishing				
<u> RC</u>	Garen search Services + Philanthrophy Advisory				
6. Principal Office Address		City	State	7:-	
72 Bliss Koad			Newport	RI	02840 1800
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Mary Louise Fazzano			Contact Title Porncipal		
Street Address 72 Buss Rd			City Newport	State	Zip 02840-1800
The strangers (traines and addresses) of the Limited Liability Company (F APPLICABLE - DO NOT USE MEMORIES					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Shorted		
			Street Address		
City	State	Zip	City	State	Zip
9 Resident Acces to Physical P					
5. Resident Agent in Knode Island. This Information is currently of record with the Department of State Changes and in the					
The period of period of the control of the period of the control o					
statements, and that all statements contained herein are true and correct.  Name of Authorized Person					
Date					
MARY LOWISE FAZZANO 10/18/19 Signature of Authorized Person 10					
Signature of Authorized Person Many Local & Fazzano					
7) 00					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov FILED

OCT 18 2019

FORM 632 - Revised: 10/2017