	State of Rhode Island and P Office of the Secre		Fee: \$50.00
	Division Of Busin	ess Services	
	148 W. River	Street	
	Providence RI 02	2904-2615	
HOPE	(401) 222-3	3040	
_imited Liability Con	npany		
Annual Report Filing Period: September ::	1 - November 1		
	7-16-66(d), each limited liability co hin thirty (30) days after the time pre		
16-66(b&c)) is subject to a			
ANNUAL REPORT YEAR	: <u>2019</u>		
1. ID No. <u>00016000</u>	<u>)3</u>		
2. Exact Name of the L	imited Liability Company <u>FLYN</u>	IN CONSULTING GROU	P LLC
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the prima re information on <u>NAICS</u> can be fou		entity. Download
	he Character of the Business Wh	ich is Actually Conducted in	n Rhode Island
	he Character of the Business Wh	ich is Actually Conducted in	n Rhode Island
4. Brief Description of t		-	n Rhode Island
4. Brief Description of t	UNICATIONS AND BUSINES	-	n Rhode Island
4. Brief Description of t	UNICATIONS AND BUSINES	-	n Rhode Island
4. Brief Description of the MARKETING COMM	UNICATIONS AND BUSINES	-	n Rhode Island
4. Brief Description of the MARKETING COMM 5. Principal Office Address No. and Street: <u>59 M</u>	UNICATIONS AND BUSINES	-	n Rhode Island Country: <u>USA</u>
4. Brief Description of the MARKETING COMM 5. Principal Office Addresson No. and Street: <u>59 M</u> City or Town: <u>SAU</u>	UNICATIONS AND BUSINES ess IEADOW SWEET TRAIL	<u>S DEVELOPMENT</u> State: <u>RI</u> Zip: <u>02874</u>	Country: <u>USA</u>
4. Brief Description of the MARKETING COMM 5. Principal Office Address of L No. and Street: <u>59 M</u> City or Town: <u>SAU</u> 6. Mailing Address of L	UNICATIONS AND BUSINES ess IEADOW SWEET TRAIL NDERSTOWN	<u>S DEVELOPMENT</u> State: <u>RI</u> Zip: <u>02874</u>	Country: <u>USA</u>
4. Brief Description of the MARKETING COMM 5. Principal Office Addression of the Second Street: 59 M City or Town: SAU 6. Mailing Address of L Contact Name: CLARE No. and Street: 59 M	UNICATIONS AND BUSINES ess IEADOW SWEET TRAIL NDERSTOWN imited Liability Company and Na ECKERT Contact Title: EADOW SWEEET TRAIL	S DEVELOPMENT State: <u>RI</u> Zip: <u>02874</u> me or Title of Contact Perse	Country: <u>USA</u> on:
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4. Brief Description of the MARKETING COMM 5. Principal Office Address of L No. and Street: 59 M City or Town: SAU 6. Mailing Address of L Contact Name: CLARE No. and Street: 59 M City or Town: SAUN City or Town: SAUN	UNICATIONS AND BUSINES ess IEADOW SWEET TRAIL NDERSTOWN imited Liability Company and Na ECKERT Contact Title: EADOW SWEEET TRAIL NDERSTOWN of Each Manager of the Limited L	S DEVELOPMENT State: <u>RI</u> Zip: <u>02874</u> me or Title of Contact Perso State: <u>RI</u> Zip: <u>02874</u>	Country: <u>USA</u> on: Country: <u>USA</u> able.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CLARE ECKERT 59 MEADOW SWEET TRAIL SAUNDERSTOWN, RI 02874

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

Signed this 22 Day of October, 2019 at 10:18:12 AM 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 <u>CLARE ECKERT</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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