



**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. 001682460

2. Exact Name of the Limited Liability Company Envision Together LLC

3. State of Formation

State: RI

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.

541611

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

ENVISION TOGETHER IS A FULL SERVICE BUSINESS MANAGEMENT AND BUSINESS ADMINISTRATIVE CONSULTANCY FIRM PROVIDING INTEGRATED SOLUTIONS FOR STARTUPS TO MID-SIZED ORGANIZATIONS. THIS INCLUDES BUT NOT LIMITED TO REGISTERING FOR INTELLECTUAL PROPERTY, BUSINESS PLANNING, BOOKKEEPING, GRAPHIC AND WEB DESIGN, TRAINING, POLICIES AND PROCEDURES CREATION, TECHNOLOGY CONSULTING.

5. Principal Office Address

No. and Street: 125 HAZAEL ST

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: US

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

Contact Name: ARNDRES MASON Contact Title:

No. and Street: 125 HAZAEL STREET

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: US

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ARNDRES L. MASON 125 HAZAEL ST PROVIDENCE , RI 02908

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

Signed this 30 Day of October, 2019 at 1:54:47 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 ARNDRES MASON
Signature of Authorized Person

Form No. 632
Revised 09/07

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