

**Department of State - Business Services Division**

FILED

NOV 15 2019

BY 1221 OS

1. Entity ID Number <b>7000</b>		2. Exact name of the Limited Liability Company <b>Half Full, LLC</b>			
3. NAICS Code <b>812199</b>		4. Brief description of the character of business conducted in Rhode Island <b>to consult with businesses</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>PO Box 6802</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02940</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Rebecca L. Twitchell</b>			Contact Title <b>Authorized Person</b>		
Street Address <b>PO Box 6802</b>			City <b>Providence</b>		State <b>RI</b> Zip <b>02940</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 <b>Rebecca L. Twitchell</b>				Date <b>11.8.19</b>	
Signature of Authorized Person 					

FORM 632 - Revised: 10/2017