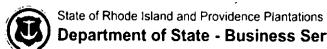
RI SOS Filing Number: 201927556830 Date: 11/15/2019 4:00:00 PM



## **Department of State - Business Services Division**

Annual Report for the year: 2019 **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.

	FILED	
DV	NOV 15 2019	20
BY_	1000	

1. Entity ID Number	2. Exact name of the Limited Liability Company Half Full, LLC					
3. NAICS Code 812199	Brief description of the character of business conducted in Rhode Island     to consult with businesses					
5. State of Formation RI						
6. Principal Office Address PO Box 6802			City Providence	State RI	Zip <b>02940</b>	
7. Mailing Address of Limited Li		iny and Name or Titl	e of Contact Person			
Contact Name Rebecca L. Twitchell			Contact Title Authorized Person			
Street Address PO Box 6802			City Providence	State RI	<sup>Zip</sup> 02940	
8. List ALL managers (names a	and addresse:	s) of the Limited Liat	pility Company, IF APPLICAL	BLE - 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	
	1	· · · · · · · · · · · · · · · · · · ·		Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	and. This inform	nation is currently of re	cord with the Department of Sta	ate. Changes require filir	ng Form 642.	
Under penalty of perjury, I de statements, and that all state				ng any accompanyin	g schedules and	
Name of Authorized Person				Date		
Rebecca L. Twitchell			11.8.19			
Signature of Authorized Person		\$10	OCU <b>NICAT</b> HERE			

MAIL TO:

**Division of Business Services** 

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

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