



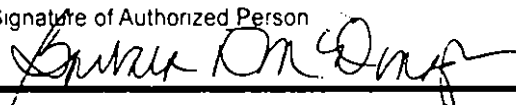
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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CORPORATIONS DIV  
2019 NOV 20 PM 1:37

Annual Report for the year: **2017**

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<br><b>000093062</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>FANION, MCDONAGH &amp; CO., LLC</b>                                                                       |      |                         |                     |
| 3. NAICS Code<br><b>541510</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>INSTALLATION OF COMPUTER NETWORKS/SALE OF ACCOUNTING/MARKETING SOFTWARE.</b> |      |                         |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                                                                                |      |                         |                     |
| 6. Principal Office Address<br><b>156 NARRAGANSETT PARKWAY</b>                                                                                                                                              |       | City<br><b>WARWICK</b>                                                                                                                                         |      | State<br><b>RI</b>      | Zip<br><b>02888</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                                                |      |                         |                     |
| Contact Name<br><b>BARBARA MCDONAGH</b>                                                                                                                                                                     |       | Contact Title<br><b>MEMBER</b>                                                                                                                                 |      |                         |                     |
| Street Address<br><b>156 NARRAGANSETT PARKWAY</b>                                                                                                                                                           |       | City<br><b>WARWICK</b>                                                                                                                                         |      | State<br><b>RI</b>      | Zip<br><b>02888</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<br><b>BARBARA A. MCDONAGH</b>                                                                                                                                                     |       |                                                                                                                                                                |      | Date<br><b>11/20/19</b> |                     |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                                                                                |      | SIGN DOCUMENT 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

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