RI SOS Filing Number: 201928963600 Date: 12/2/2019 12:53:00 PM

| State of Rhode Islan | nd and Providen | ice Plantations | | _ | <u> </u> | |
|---|--------------------|---|---|---------------------------|---|--|
| (III) Department of | | | ces Division | | \$ | |
| NOT. | | | | | SEC CO 2019 | |
| | 20 | 10 | | | CRET CRET ORPO | |
| Annual Report for the year: 2019 | | | | | S S S S S S S S S S S S S S S S S S S | |
| Limited Liability Company | | | | | F 308 | |
| → Filing period: September 1 - November 1 → Filing Fee: \$50.00 | | | | | PH 100 | |
| → Penalty Additional \$25 | 5.00 fee if form | is not filed by De | cember 1. | _ | | |
| | To | 200 100 50 | | | 2: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: | |
| 1 Entity ID Number 000959403 | | ame of the Limited pass Rese | LLC. | ਼ ੇ 00 ਜਿ | | |
| 3 NAICS Code 541910 | | Brief description of the character of business conducted in Rhode Island Market Research & Consulting Company | | | | |
| 5. State of Formation Rhode Island | \neg | | | | | |
| 6 Principal Office Address 42 Maureen Drive | | | City Smithfield | State RI | Zip 02917 | |
| 7. Mailing Address of Limited | d Liability Compa | any and Name or | Title of Contact Person | 1 | 1 | |
| Contact Name Ana Pritchard | d | - | Contact Title Member | | | |
| Street Address 42 Maureen Drive | | | City Smithfield | State RI | Zip 22917 70 | |
| 8 List ALL managers (name | s and addresse | s) of the Limited L | iability Company, IF APPLICA | BLE - DO NOT LIST I | WEMBERS ERR | |
| Manager Name | | | Manager Name | | C-SV | |
| Street Address | | | Street Address | | 2 CS 25 | |
| City | State | Zıp | City | State | Zip 12: VA | |
| Manager Name | | | Manager Name | | 27 | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Zıp | |
| | | | | Check the box to | ndicate an attachment | |
| 9. Resident Agent in Rhode | Island This inform | nation is currently of | f record with the Department of Sta | ate Changes require filin | ng Form 642. | |
| Under penalty of perjury, I statements, and that all sta | | | xamined this report, including the and correct. | ng any accompanyin | g schedules and | |
| Name of Authorized Person Ana Pritchard | | | | Date Novem | Date November 8, 2019 | |
| Signature of Authorized Pers | | | <u></u> | | | |
| a Pontaro | | SIGN | I 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 **FILED**

DEC 02 2019

KL 90671 17:53

FORM 632 - Revised: 10/2017