s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
<b>1. ID No.</b> <u>001673647</u>	7		
2. Exact Name of the Limited Liability Company Sin-Cere Consulting Services, LLC			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>561790</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in R	hode Island
PROPERTY CONSULT	ING SERVICES		
5. Principal Office Addre	SS		
	AYTON COURT DVIDENCE State: H	<u>RI</u> Zip: <u>02905</u> Coun	try: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Person:	
	AYTON COURT		
City or Town: <u>PRC</u>	<u>DVIDENCE</u> State: <u>R</u>	<u>I</u> Zip: <u>02905</u> Coun	try: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	Code Country
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SHARLYN MARTINEZ 4 DAYTON CT PROVIDENCE , RI 02905

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

**Signed this 9 Day of December, 2019 at 9:14:52 AM 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 <u>SHARLYN MARTINEZ</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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