	State of Rhode Island and Provid Office of the Secretary		5 Fee: \$50.0
	Division Of Business Ser 148 W. River Stree		
HOPE	Providence RI 02904-2 (401) 222-3040	2615	
Limited Liability Con Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability company in thirty (30) days after the time prescribed penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2019</u>		
1. ID No. <u>00167288</u>	<u>8</u>		
2. Exact Name of the L	imited Liability Company <u>Shambho LI</u>	<u>.C</u>	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary bus re information on <u>NAICS</u> can be found onli	-	e entity. Download
<u>541618</u>			
4. Brief Description of the second seco	ne Character of the Business Which is	Actually Conducted	in Rhode Island
MANAGEMENT AND	TECHNOLOGY CONSULTING		
5. Principal Office Addre	,55		
No. and Street: <u>33</u>	HAZARD AVENUE OVIDENCE State: <u>RI</u>	Zip: <u>02906</u>	Country: <u>USA</u>
No. and Street: <u>33</u> City or Town: <u>PR</u>	HAZARD AVENUE	·	•
No. and Street: <u>33</u> City or Town: <u>PR</u> 6. Mailing Address of L Contact Name: Contact	HAZARD AVENUE OVIDENCE State: <u>RI</u> mited Liability Company and Name or Title:	·	•
No. and Street: <u>33</u> City or Town: <u>PR</u> 6. Mailing Address of Li Contact Name: Contact No. and Street: <u>33 </u>	HAZARD AVENUE OVIDENCE State: <u>RI</u> mited Liability Company and Name or	Title of Contact Per	•
No. and Street: 33 City or Town: PR 6. Mailing Address of Li Contact Name: Contact No. and Street: 33 City or Town: PR	HAZARD AVENUE OVIDENCE State: RI mited Liability Company and Name or Title: HAZARD AVENUE OVIDENCE State: RI OVIDENCE State: RI f Each Manager of the Limited Liability	Title of Contact Per Zip: <u>02906</u>	son: Country: <u>USA</u>

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

SHAMBHO KRISHNASAMY 33 HAZARD AVENUE PROVIDENCE, RI 02906

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

Signed this 5 Day of April, 2020 at 1:03:32 PM 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 SHAMBHO KRISHNASAMY

Signature of Authorized Person

Form No. 632 Revised 09/07

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