



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. ID No. 001050159

2. Exact Name of the Limited Liability Company WARBIRD CONSULTING PARTNERS, LLC

3. State of Formation

State: GA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541990

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

WE ARE A FINANCIAL CONSULTING FIRM. NOT WEALTH FINANCIAL CONSULTING.
WE
HAVE AN ADVISORY PRACTICE, GOVERNMENT PRACTICE, HEALTH CARE PRACTICE
AND
PRIVATE EQUITY PRACTICE.

5. Principal Office Address

No. and Street: 600 GALLERIA PKWY SE, SUITE 1400

City or Town: ATLANTA

State: GA Zip: 30339 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: LORI BRUCE Contact Title:

No. and Street: 600 GALLERIA PKWY SE, SUITE 1400

City or Town: ATLANTA

State: GA Zip: 30339 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	MICHAEL R. DRAA	893 MYRTLE STREET NE ATLANTA, GA 30309 USA
MANAGER	LORI BRUCE	600 GALLERIA PKWY SE, SUITE 1400 ATLANTA, GA 30339 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 10 Day of April, 2020 at 12:42:34 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 LORI BRUCE
Signature of Authorized Person

Form No. 632
Revised 09/07

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