	State of Rhode Office of the Secreta		Fee: \$50.0
	Division Of Business 148 W. River S Providence RI 029	Street	
HOPE	(401) 222-30		
Limited Liability Co Annual Report Filing Period: September			
o file its annual report w	.L. 7-16-66(d), each limited liability com ithin thirty (30) days after the time preso a penalty fee of \$25.00.		
ANNUAL REPORT YEA	R : <u>2019</u>		
1. ID No. <u>0016847</u>	<u>795</u>		
2. Exact Name of the	Limited Liability Company Valentin	e Consulting LLC	
3. State of Formation			
State: <u>RI</u>			
State: <u>RI</u>	ARTICLE III		
Enter the six digit NAIC	ARTICLE III S Code that best describes the primary lore information on <u>NAICS</u> can be found		the entity. Download
Enter the six digit NAIC	S Code that best describes the primary		the entity. Download
Enter the six digit NAIC the list of codes <u>here.</u> W <u>999999</u>	S Code that best describes the primary	l online.	
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Enter the six digit NAIC: the list of codes <u>here.</u> W <u>999999</u> 4. Brief Description of <u>TO ENGAGE IN AN</u> 5. Principal Office Add No. and Street: <u>22 F</u> City or Town: <u>PRC</u> 6. Mailing Address of Contact Name: <u>ADAM</u> No. and Street: <u>22 P</u> City or Town: <u>PRC</u> 7. Name and Address	S Code that best describes the primary lore information on <u>NAICS</u> can be found the Character of the Business Which Y LAWFUL BUSINESS Iress PARSONAGE STREET #211 OVIDENCE Limited Liability Company and Nam I GARZONE Contact Title: <u>RESIDEN</u> ARSONAGE STREET #211 VIDENCE of Each Manager of the Limited Liab	I online. h is Actually Conducted State: <u>RI</u> Zip: <u>0290</u> e or Title of Contact Pe <u>T AGENT</u> State: <u>RI</u> Zip: <u>0290</u>	d in Rhode Island <u>3</u> Country: <u>USA</u> erson: <u>13</u> Country: <u>USA</u> licable. ess

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

ADAM GARZONE 22 PARSONAGE STREET, SUITE 211 PROVIDENCE , RI 02903

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

Signed this 14 Day of August, 2020 at 7:33:28 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 ADAM GARZONE, RESIDENT AGENT

Signature of Authorized Person

Form No. 632 Revised 09/07

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