



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
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 BY L1106

Annual Report for the year: 2020
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001692444		2. Exact name of the Limited Liability Company ALSHEIMER & ASSOCIATES LLC			
3. NAICS Code 711510		4. Brief description of the character of business conducted in Rhode Island WRITER , PRODUCER OF A SITCOM			
5. State of Formation RI					
6. Principal Office Address 86 JOANNE AVE		City PORTSMOUTH	State RI	Zip 02871	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name WILLIAM F ALSHEIMER			Contact Title SOLE MEMBER		
Street Address 86 JOANNE AVE		City PORTSMOUTH	State RI	Zip 02871	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person WILLIAM F ALSHEIMER III				Date 8/15/20	
Signature of Authorized Person		SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
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