



State of Rhode Island

Department of State - Business Services Division

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FOR
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Annual Report for the year: 2019
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 32293A		2. Exact name of the Limited Liability Company COFFEY CONSULTING LLC			
3. NAICS Code 541990		4. Brief description of the character of business conducted in Rhode Island NO BUSINESS CONDUCTED, ONLY EMPLOYEES WITH RESIDENCE IN RHODE ISLAND			
5. State of Formation MARYLAND					
6 Principal Office Address 4800 HAMPDEN LANE, SUITE 200			City BETHESDA	State MD	Zip 20814
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name AMY COFFEY			Contact Title SENIOR VICE PRESIDENT		
Street Address 4800 HAMPDEN LANE, SUITE 200			City BETHESDA	State MD	Zip 20814
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. The Resident Agent information currently of record with the RI Department of State is accurate. 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 I. ESTER COFFEY				Date 8/19/2020	
Signature of Authorized Person <i>I. Ester Coffey</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

AUG 25 2020

BY *Y. S. O. R.*
A.A.