

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.

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SEP 0 1 2020	2
015-1239	521

Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
134995	Deloit	Deloitte Consulting Extended Business Services LLC					
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
541611		Consulting					
5. State of Formation	=	1 (0.10)					
Delaware							
6. Principal Office Address			City	State	Zip		
30 Rockefeller Plaza			New York	NY	10112-0015		
7. Mailing Address of Limited	Liability Compa	any and Name o	r Title of Contact Person		•		
Contact Name Mike Woods			Contact Title Managing Director				
Street Address 4022 Sells Drive			City Hermitage	State TN	^{Zip} 37076		
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICABLE	DO NOT LIST I	MEMBERS		
Manager Name			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		
			C	heck the box to i	L ndicate an attachment		
9. Resident Agent in Rhode Is	land. This infor	nation is currently	of record with the Department of State. C	hanges require film	ng Form 642.		
Under penalty of perjury, I o statements, and that all stat	leclare and aff ements conta	irm that I have ined herein are	examined this report, including an true and correct.	y accompanyin	g schedules and		
Deloitte		Emily T. W	Emily 1. Warthen, Partner of Deloitte LLP,		Date		
			.P, partner of Deloitte Consulting LLP, possulting LLP, member of Deloitte	8-21-20			
Signature of Authorized Person			Extended Business Services LLC				
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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