	State of Rhode Office of the Secreta		Fee: \$50.00
Division Of Business Services 148 W. River Street			
	Providence RI 0290		
(401) 222-3040			
Limited Liability Com Annual Report	ipany		
Filing Period: September 1	- November 1		
In accordance with R I G I	7-16-66(d), each limited liability com	anv failing or refusi	'na
	in thirty (30) days after the time presc		
16-66(b&c)) is subject to a	penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>00014974</u>	<u>8</u>		
2. Exact Name of the Li	mited Liability Company INTERN	ATIONAL JOUR	NAL OF ARTS AND
SCIENCES LLC	<u></u>		
3. State of Formation			
Ototo: DI			
State: <u>RI</u>			
	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.			
The list of codes <u>nere.</u> Mor		ormite.	
<u>611410</u>			
4 Brief Description of th	e Character of the Business Which	is Actually Condu	icted in Rhode Island
4. Bhei Description of th		is Actually Condi	
	TIONS		
ACADEMIC PUBLICA	ATIONS		
5. Principal Office Addre	SS		
N. 10. ( 55			
	<u>FARM DRIVE</u> UMBERLAND State: RI	Zip: <u>02864</u>	Country: <u>USA</u>
	<u>State</u> State. <u>M</u>	Zip: <u>02004</u>	country: <u>0011</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contac	et Person:
Contact Name: Contact	Title:		
No. and Street: 55	FARM DRIVE		
	IMBERLANDState: RI	Zip: <u>02864</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab	ility Company, if A	Applicable.
Title	Individual Name		Address
MANAGER	First, Middle, Last, Suffix M ORT	Address, City or Tov	vn, State, Zip Code, Country
		CUMBERLA	55 FARM DR ND, RI 02864 USA

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

M.D. ORT 55 FARM DRIVE CUMBERLAND, RI 02864

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

**Signed this 19 Day of September, 2020 at 4:37:02 AM 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 <u>M. ORT</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved