



State of Rhode Island

## Department of State - Business Services Division

FILED

SEP 23 2020

BY

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 <b>001680493</b>		2. Exact name of the Limited Liability Company <b>THE WILSON ORGANIZATION</b>	
3. NAICS Code <b>541613</b>		4. Brief description of the character of business conducted in Rhode Island <b>MANAGEMENT CONSULTING INCLUDES: LEADERSHIP TRAINING &amp; DEVELOPMENT; DIVERSITY, INCLUSION &amp; ANTI-RACISM STRATEGY; EXECUTIVE AND LIFE COACHING</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>244 WEYBOSSET ST, SUITE 2</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02903</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>LAWRENCE E. WILSON</b>		Contact Title <b>MANAGING DIRECTOR/OWNER</b>	
Street Address <b>14 CADY ST. APT 1</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02903</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>L</b>		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
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 <b>L. E. Wilson</b>		Date <b>9-18-20</b>	
Signature of Authorized Person <b>LAWRENCE E. WILSON</b>		<b>SIGNATURE ABOVE L. E. WILSON, III</b>	

## MAIL TO:

Division of Business Services

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