	State of Rhode I Office of the Secreta		Fee: \$50.00
	Division Of Business		
	148 W. River St Providence RI 0290		
HOPE	(401) 222-304		
Limited Liability Com	pany		
Annual Report Filing Period: September 1 - November 1			
		any failing or refusing	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-			
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>001682202</u>			
2. Exact Name of the Limited Liability Company <u>S. Roberts LLC</u>			
3. State of Formation			
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.			
<u>541618</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
CONSULTING, TRAINING, AND COACHING IN LEADERSHIP, SALES, SERVICE,			
MARKETING, BUSINESS PROCESS AND ALSO PROVIDING SALES REPRESENTATION			
5. Principal Office Address			
	<u>CATALPA WAY</u> <u>VENTRY</u> State: <u>R</u>	<u>I</u> Zip: <u>02816</u> Cour	ntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: SCOTT ROBERTS Contact Title: PRESIDENT			
No. and Street: 18 CATALPA WAY			
City or Town: <u>CO</u>	VENTRY State: <u>RI</u>	Zip: <u>02816</u> Cour	ntry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zi	p Code, Country

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

SCOTT ROBERTS 18 CATALPA WAY COVENTRY, RI 02816

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

Signed this 30 Day of September, 2020 at 10:10:10 PM 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 SCOTT ROBERTS

Signature of Authorized Person

Form No. 632 Revised 09/07

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