



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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|--|-------|---|---|--------------------------|---------------------|
| 1. Entity ID Number <u>918008</u> | | 2. Exact name of the Limited Liability Company <u>LMB Marketing Solutions, LLC</u> | | | |
| 3. NAICS Code <u>541613</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Marketing Consulting Services including branding, website design, digital media and development of marketing strategy to increase revenue + growth.</u> | | | |
| 5. State of Formation <u>Rhode Island</u> | | | | | |
| 6. Principal Office Address <u>220 Eagle Run, East Greenwich</u> <u>Rhode Island 02818</u> | | City <u>East Greenwich</u> | | State <u>RI</u> | Zip <u>02818</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name <u>Lisa Bowen</u> | | | Contact Title <u>Principal / Owner</u> | | |
| Street Address <u>10719 Meeting Street Unit 201</u> | | | City <u>Prospect</u> | State <u>NY</u> | Zip <u>14059</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name <u>na</u> | | | Manager Name <u>na</u> | | |
| 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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 <u>Lisa Bowen</u> | | | | Date <u>9/21/2020</u> | |
| Signature of Authorized Person <u>Lisa Bowen</u> | | | | | |

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

SEP 30 2020
 BY EBB99 A.A.