

Annual Report for the year: 2020 Limited Liability Company FILED Trans

OCT 01 2020

→ Filing period: September 1 - Novembe	r
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→ 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	2. Exact name of the Limited Liability Company						
001696122	Jack Ryan Architect, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
541310	Architectural design.						
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
400 Washington St, Unit 2NB			Providence	RI	02903		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Jack Ryan			Contact Title Owner				
Street Address 22 Bianco Court			City Providence	State RI	<sup>Zip</sup> 02909		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Add.			Street Address				
C*aciiCC	State KI	7(p <sub>(1-0-0</sub>	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
Crty	State	Zip	City	State	Zip		
				Check the box to in	dicate an attachment		
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				Date	Date		
Jack Ryan				9/27/202	9/27/2020		
Signature of Aylhorized Person							

MAIL TO:

**Division of Business Services** 

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

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