| | State of Rhode Office of the Secreta | | Fee: \$50.00 |
|--|---|----------------------|----------------------------|
| | Division Of Business | Services | |
| | 148 W. River S | | |
| | Providence RI 0290 | | |
| HOPE | (401) 222-304 | +0 | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | |
| | 7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: | 2020 | | |
| 1. ID No. <u>001693448</u> | | | |
| 2. Exact Name of the Limited Liability Company Stonebridge Consulting Group LLC | | | |
| 3. State of Formation | | | |
| State: IL | | | |
| ARTICLE III | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | |
| <u>541690</u> | | | |
| 4. Brief Description of the | e Character of the Business Which | is Actually Conduc | ted in Rhode Island |
| PROVIDE IT AND MANAGEMENT CONSULTING SERVICES | | | |
| 5. Principal Office Addre | SS | | |
| No. and Street: 274 | 75 FERRY ROAD | | |
| | <u>RRENVILLE</u> State: | IL Zip: <u>60555</u> | Country: USA |
| 6. Mailing Address of Lir | nited Liability Company and Name | or Title of Contact | Person: |
| Contact Name: Contact | | | |
| | <u>75 FERRY ROAD</u> RRENVILLE State: | IL Zip: 60555 | Country: USA |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Ad | dress |
| | First, Middle, Last, Suffix | | , State, Zip Code, Country |
| | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER | | | |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC. 47 WOOD AVE. STE 2 PROVIDENCE , RI 02906

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

Signed this 6 Day of October, 2020 at 10:24:08 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 SAROJ MOHANTY

Signature of Authorized Person

Form No. 632 Revised 09/07

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