

Annual Report for the year: $\frac{2020}{}$ 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.

	FILED
	OCT 1 5 2020
3 Y	<u>M51</u>

Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
1676178	M1, LLC	M1, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
541611	Consulting services					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zıp	
2 Tallwood Drive			Barrington	RI	02806	
7. Mailing Address of Limited		any and Name o	r Title of Contact Person			
Conlact Name Mark E. Biagetti			Contact Title			
Street Address 2 Tallwood Drive			City Barrington	State RI	Zip 02806	
8. List ALL managers (name	s and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp .	
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9. The Resident Agent inform	ation currently	of record with the	RI Department of State is accu	irate. Changes requir	e filing Form 642	
Under penalty of perjury, I o statements, and that all sta			examined this report, including true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person				Date		
Mark E. Biagetti MolPujt				1 0000	ne 2010	
Signature of Authorized Person	on					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov