

Annual Report for the year:  $\frac{2020}{}$ **Limited Liability Company** 

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
000442012	ALARA PI	ALARA PHYSICS SERVICES, LLC				
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island				
541614	PHYSICS (	PHYSICS CONSULTING				
5. State of Formation						
RI						
6. Principal Office Add			City	State	Zip	
1308 ATWOOD AVENUE			JOHNSTON	RI	02919	
		ny and Name o	r Title of Contact Person	<u> </u>	· · ·	
Contact Name JASON R. MARSDEN			Contact Title MEMBER			
Street Address 1308 ATWOOD AVENUE			City JOHNSTON	State RI	Z <sub>1</sub> p 02919	
8. List ALL managers	(names and addresses	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name N/A			Manager Name N/A			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name N/A			Manager Name N/A			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	- <del></del>		L	Check the box to	indicate an attachment	
9. The Resident Agent	information currently o	of record with th	e RI Department of State is accu	ırate. Changes requ	ire filing Form 642.	
	jury, I declare and aff all statements conta		examined this report, including true and correct.	ig any accompanyl	ng schedules and	
Name of Authorized Person				Date		
JASON R. MARSDEN				09/25/	09/25/2020	

MAIL TO:

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**Division of Business Services** 

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

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

FORM 632 - Revised: 08/2020

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