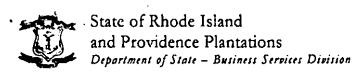
RI SOS Filing Number: 202066334000 Date: 10/15/2020 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ 2020

Filing Period: September 1 - November 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company falling or refusing to file its annual report within thirty (30) days after the time prescribed by law
(R.I.G.L. 7-16-66 (b), subject to a periodic fee of \$25.00)

1. ID No. 001679955	2. Exact name of the limited liability company Strategic Help Initiative, LLC			3. NAIC	3. NAICS CON 990	
	n of the character of the businers and individuals an					
6. Principal office address 336 Main Street			City Wakefield	State RI	Zip 02879	
7. MAILING AD Contact Name  James V. Au		BILITY COMPANY AN	D NAME OR TITLE OF CONTAC Coxtact Title Authorized Person			
Street Address 336 Main Street			City Wakefield	State RI	2 <i>ip</i> 02879	
8. NAME AND A	DDRESS OF EACH MANA FILL IN SPAC	GER OF THE LIMITE ES BEFORE USING AT	D LIABILITY COMPANY, IF API TACHMENTS ("X" BOX FOI Manager Name	PLICABLE - DO NOT	LIST MEMBER	
	DDRESS OF EACH MANA FILL IN SPAC	GER OF THE LIMITE ES BEFORE USING AT	TACHMENTS ("X" BOX FOI			
Manager Name	DDRESS OF EACH MANA FILL IN SPAC	GER OF THE LIMITE ES BEFORE USING AT	TACHMENTS ("X" BOX FOI Manager Name		LIST MEMBER	
Manager Name Street Address	FILL IN SPAC	ES BEFORE USING AT	TACHMENTS ("X" BOX FOI  Manager Name  Street Address	R ATTACHMENT)		
Manager Name Street Address City	FILL IN SPAC	ES BEFORE USING AT	TACHMENTS ("X" BOX FOI  Manager Name  Street Address  City	R ATTACHMENT)		
Manager Name  Street Address  City  Manager Name	FILL IN SPAC	ES BEFORE USING AT	TACHMENTS ("X" BOX FOI  Manager Name  Street Address  City  Manager Name	R ATTACHMENT)		
Manager Name  Street Address  City  Manager Name  Street Address  City	FILL IN SPAC	Zip	TACHMENTS (*X' BOX FOI  Manager Name  Street Address  City  Manager Name  Street Address	State	Zip	

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

File Date	
Check No.	
Ву:	······································
FOI	R SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person Date

James V. Aukerman, Authorized Person

Print or Type Name of Authorized Person