

Annual Report for the year: 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.

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BY.	OCT 15 2020	05

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
001674157	James H. Miller, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
541690	Consulting						
5. State of Formation	7						
RI							
6. Principal Office Address			City	State	Zip		
15 Bean Farm Dr.			Kingston	RI	02881		
7. Mailing Address of Limited Lia	bility Company a	ind Name or Title		·			
Contact Name James H. Miller			Contact Title Member				
Street Address 15 Bean Farm Dr.			City Kingston	State RI	Zip 02881		
8. List ALL managers (names a	nd addresses) of	the Limited Liabi	ity Company, IF APPLIC	ABLE - DO NOT LIST M	IEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zíp	City	State	Zip		
Check the box to indicate an attachment							
9. The Resident Agent information	on currently of re	cord with the RID	Department of State is ac	curate, 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							
James 11. Miller							
Signature of Authorized Person							

MAIL TO:

Division of Business Services

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

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