STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street. Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

FILED

OCT 1 9 2020

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___2020___

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: $50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the limited liability company			
159251	**Navigo Consulting, LLC**			

3. State of Formation	4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND	**Business Consulting** 541820			

5. Principal office address	City	State	Zip
1495 NEWPORT AVE.	**PAWTUCKET**	**R.I.**	**02861**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Ralph R. Ryan, Esq.	**Resident Agent**		

Street Address	City	State	Zip
1495 Newport Ave.	**Pawtucket**	**R.I.**	**02861**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Roger D. Ringuette					

Street Address			Street Address		
233 Butler Ave.					

City	State	Zip	City	State	Zip
Providence	**R.I.**	**02906**			

Manager Name			Manager Name		

Street Address			Street Address		

City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND,

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FOR SECRETARY OF STATE USE ONLY
File Date:
Check No.
By

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.

Roger D. Ringuette ___10/16/2020___
Signature of Authorized Person   Date

ROGER D. RINGUETTE

Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012