



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2019  
 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 22 2020

1091

1. Entity ID Number <b>972407</b>		2. Exact name of the Limited Liability Company <b>The FINANCIAL Source LLC</b>			
3. NAICS Code <b>541618</b>		4. Brief description of the character of business conducted in Rhode Island <b>Business consulting services to small businesses</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>1 PRIMROSE LANE</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>DOUGLAS ANTHONY</b>			Contact Title <b>President</b>		
Street Address <b>1 PRIMROSE LANE</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 <b>DOUGLAS C ANTHONY</b>				Date <b>10/20/20</b>	
Signature of Authorized Person <b>DOUGLAS C ANTHONY</b>					

## MAIL TO:

Division of Business Services

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