	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street Providence RI 02904-2615	
HOPE	(401) 222-3040	
Limited Liability C Annual Report Filing Period: Septembe		
o file its annual report	G.L. 7-16-66(d), each limited liability company failing or refusing within thirty (30) days after the time prescribed by law (R.I.G.L. 7 to a penalty fee of \$25.00.	
ANNUAL REPORT YE	AR: <u>2020</u>	
1. ID No. <u>00168</u> 4	4243	
2. Exact Name of th	e Limited Liability Company Marchal Consulting, LLC	
3. State of Formatio	n	
State: <u>RI</u>		
-	ARTICLE III CS Code that best describes the primary business conducted by More information on <u>NAICS</u> can be found online.	y the entity. Download
-	CS Code that best describes the primary business conducted by	y the entity. Download
the list of codes <u>here.</u> 541618	CS Code that best describes the primary business conducted by	
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the list of codes <u>here.</u> <u>541618</u> 4. Brief Description of <u>MEDTECH, BIOTE</u> 5. Principal Office Ac No. and Street: City or Town:	CS Code that best describes the primary business conducted by More information on <u>NAICS</u> can be found online. of the Character of the Business Which is Actually Conducted CH, AND PHARMA - MANAGEMENT CONSULTING S ddress <u>2 ALFRED DRIVE</u>	ed in Rhode Island <u>SERVICES</u> Country: <u>USA</u>
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the list of codes <u>here.</u> <u>541618</u> 4. Brief Description of <u>MEDTECH, BIOTE</u> 5. Principal Office Ac No. and Street: City or Town: 6. Mailing Address o Contact Name: Cont No. and Street: City or Town: 7. Name and Address	CS Code that best describes the primary business conducted by More information on NAICS can be found online. of the Character of the Business Which is Actually Conducted CH, AND PHARMA - MANAGEMENT CONSULTING S ddress 2 ALFRED DRIVE BARRINGTON State: RI Zip: 02806 f Limited Liability Company and Name or Title of Contact F tact Title: 2 ALFRED DRIVE BARRINGTON State: RI Zip: 02806 s of Each Manager of the Limited Liability Company, if App IBERS	ed in Rhode Island <u>SERVICES</u> Country: <u>USA</u> Person: Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JENNA MARCHAL 2 ALFRED DRIVE BARRINGTON, RI 02806

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

Signed this 25 Day of October, 2020 at 6:49:58 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JENNA MARCHAL Signature of Authorized Person

Form No. 632 Revised 09/07

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