

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.

Entity ID Number	Exact name of the Limited Liability Company				
927114	D'Amico Consulting, LLC				
3. NAICS Code 5. State of Formation RI	4. Brief descrip Engage in cons		ter of business conducted in Rho	ode Island	
6. Principal Office Address			City	State	Zip
20 Summit Farm Drive			East Greenwich	RI	02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael D'Amico			Contact Title		
Street Address 20 Summit Farm Drive			City East Greenwich	State RI	Zip 02818
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					
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				Date	, /
Michael D'Amico				10/1	10/20
Signature of Authorited 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