	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St		
Providence RI 02904-2615			
HODE	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000119575</u>			
2. Exact Name of the Limited Liability Company CORNWALL CONSULTANTS, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
-	Code that best describes the primary e information on <u>NAICS</u> can be found		y the entity. Download
<u> </u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ted in Rhode Island
ENGINEERING CONS	<u>ULTANTS.</u>		
5. Principal Office Addre			
No. and Street: 135	SUNRISE DRIVE		
	ISTOL State:	<u>RI</u> Zip: <u>02809</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact	Title:		
	SUNRISE DRIVE		
	STOL State:	<u>RI</u> Zip: <u>02809</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Ad	dress
	First, Middle, Last, Suffix		State, Zip Code, Country
8. RESIDENT AGENT IN I	RHODE ISLAND - DO NOT ALTER		

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

MARK R. QUIGLEY, ESQ. 41 CLIFTON ROAD BRISTOL , RI 02809

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

Signed this 30 Day of October, 2020 at 1:40:43 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 <u>MARK R. QUIGLEY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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