



State of Rhode Island

Department of State - Business Services Division

FILED

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FOR
SECRETARY OF STATE
PROVIDENCE

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.

1. Entity ID Number 001698669		2. Exact name of the Limited Liability Company DML Meyer, LLC			
3. NAICS Code 541333		4. Brief description of the character of business conducted in Rhode Island Engineering-related services			
5. State of Formation RI					
6. Principal Office Address 8 Primrose Dr			City Cranston	State RI	Zip 02921
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Donna M L Meyer			Contact Title PhD, Member		
Street Address 8 Primrose Dr			City Cranston	State RI	Zip 02921
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 DML Meyer				Date 28-Oct-2020	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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