BUS SYCS DIV State of Rhode Island Department of State - Business Services Division 2020 NOV 10 P 1: 08 Annual Report for the year: **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 2 Exact name of the Limited Liability Company ers coaching services 5 State of Formation 6 Principal Office Address 02806 Mailing Address of Limited Liab lity Company and Name or Title of Contact Person Contact Name Contact Title Street Address State 2806 8 List ALL managers (names and addresses) of the Limited Liab lity Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address Street Address Zip State City State Zip Manager Name Manager Name Street Address Street Address City State Zip C-ty State Zρ 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 Pr Signature of Authorized Perso MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

RI SOS Filing Number: 202074288960 Date: 11/10/2020 1:12:00 PM RECEIVED

R.I. DEPT. OF STATE

FORM 532 - Revised: 08/2020