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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2018 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.

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R.I. DEPT. OF STATE 2020 DEC - 2	$oldsymbol{arphi}_{oldsymbol{\mathcal{P}}} oldsymbol{arphi}_{oldsymbol{\mathcal{P}}}$
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175 HUNTINGHOUSE ROAD GLOCESTER RI 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person	Zip 02857	
5 41512 Computer Consulting 5. State of Formation RI 6. Principal Office Address 175 HUNTINGHOUSE ROAD City GLOCESTER RI 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person	•	
5. State of Formation RI 6. Principal Office Address 175 HUNTINGHOUSE ROAD 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person	•	
6. Principal Office Address 175 HUNTINGHOUSE ROAD City GLOCESTER RI 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person	•	
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175 HUNTINGHOUSE ROAD GLOCESTER RI 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person	•	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person	02031	
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Contact Name SUSAN YOUNG Contact Title MEMBER	Contact Title MEMBER	
Street Address 175 HUNTINGHOUSE ROAD City GLOCESTER State RI	Zip 02857	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEM	IBERS	
Manager Name Manager Name		
Street Address Street Address		
City State Zip City State	Zıp	
Manager Name Manager Name		
Street Address Street Address		
City State Zip City State :	Zip	
Check the box to indicate	ate an attachment	
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filin	ng Form 642.	
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying sci statements, and that all statements contained herein are true and correct.	hedules and	
Name of Authorized Person Date		
Signature of Authorized Person		
16. Lance		
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MAIL TO:

Division of Business Services

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

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

BY MGF7B

FORM 632 - Revised: 08/2020