



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2021  
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  
BUS. SVCS. DIV.  
2021 FEB 19 AM 9:32

1. Entity ID Number <u>789368</u>		2. Exact name of the Limited Liability Company <u>TARGETED STRATEGIC LLC (Targeted Strategic)</u>	
3. NAICS Code <u>541820</u>		4. Brief description of the character of business conducted in Rhode Island <u>PUBLIC AFFAIRS</u> <u>PUBLIC RELATIONS</u> <u>GOVERNMENT RELATIONS</u> <u>POLITICAL CONSULTING</u> <u>Public affairs</u> <u>Public Regulations</u> <u>Consumer regulation</u> <u>Political consulting</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>25 BELLE ISLE WAY (25 Belle Isle Way)</u>		City <u>(Cranston)</u> <u>Cranston</u>	State <u>RI</u> <u>RI</u>
		Zip <u>02921</u> <u>02921</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>PATRICK SWEENEY</u> <u>PATRICK SWEENEY</u>		Contact Title <u>OWNER / PRINCIPAL</u>	
Street Address <u>25 BELLE ISLE WAY</u>		City <u>Cranston</u>	State <u>RI</u> <u>RI</u>
		Zip <u>02921</u> <u>02921</u>	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 <u>PATRICK SWEENEY</u>		Date <u>2/11/21</u>	
Signature of Authorized Person 		SIGN DOCUMENT HERE	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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