



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 APR -2 PM 12:49

1. Entity ID Number 000787818		2. Exact name of the Corporation Lullabot Consulting, Inc			
3. Principal Office Address 11 South Angell Street #499			City Providence	State RI	Zip 02906
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island Web Media: Strategy, Design, Development, Consulting			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Matt Westgate			Vice-President Name Seth Brown		
Street Address 128 Shirley Blvd			Street Address 624 Surrey Rd		
City Cranston	State RI	Zip 02910	City Carbondale	State CO	Zip 81623
Secretary Name			Treasurer Name Brian Skowron		
Street Address			Street Address 11325 Dujon Ln		
City	State	Zip	City Dallas	State TX	Zip 75218
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100.000	CNP	\$0
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Matt Westgate					Date 3/30/21
Signature of Authorized Representative					

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

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FORM 630 - Revised: 08/2020