



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

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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| | | | |
|--|-------|---|-----------------------------|
| 1. Entity ID Number 000125264 | | 2. Exact name of the Limited Liability Company LINDA JOHNSON, LLC | |
| 3. NAICS Code 514990 | | 4. Brief description of the character of business conducted in Rhode Island CONSULTING | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 17 RIVERVIEW DRIVE | | City BARRINGTON | State RI Zip 02806 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name LINDA JOHNSON | | Contact Title MANAGER | |
| Street Address 17 RIVERVIEW DRIVE | | City BARRINGTON | State RI Zip 02806 |
| 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 | | | State |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| State | | | State |
| 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 LINDA JOHNSON | | Date 3/5/2021 | |
| Signature of Authorized Person | | | |

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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

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