State of Rhode Isl	land			_		
	of State - Bus	siness Servi	ices Division			
Annual Report for t Limited Liability Co → Filing period: Septer	mpany	701 9			R.I. DE BUS 2021 FEB	
→ Filing Fee: \$50.00 → Penalty: Additional \$.			ecember 1.	_	RECEI	
1. Entity ID Number 001656993		ame of the Limited I Research & Con		P#12:		
3. NAICS Code 541613		4. Brief description of the character of business conducted in Rhode Island Consulting business, specializing in sports buisness, sponsorships and partnerships.				
5. State of Formation RI						
6. Principal Office Address 6 Ayrault St. #2			City Newport	State RI	Zip 02840	
7. Mailing Address of Limite		any and Name or				
Contact Name Megan Morgan			Contact Title CEO			
Street Address 6 Ayrault St. #2			City Newport	State RI	^{Z₁p} 02840	
	nes and addresses	s) of the Limited I	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip ²² B. D.	
Manager Name			Manager Name	<u> </u>		
Street Address			Street Address			
City	State	Zıp	City	State	Zip H	
		·			ndicate an attachment	
			RI Department of State is acc			
statements, and that all s	statements conta		examined this report, including true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person				Date		
Megan Morgan				01/26/2021		
Signature of Authorized Pe	erson ~				<u> </u>	

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

FORM 632 - Revised: 08/2020