



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2017

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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BUS SVCS DIV

2021 MAY 13 A 10:10

1. Entity ID Number 000798914		2. Exact name of the Limited Liability Company Scisco Associates LLC			
3. NAICS Code 561611		4. Brief description of the character of business conducted in Rhode Island <i>Private Investigation/Consulting</i>			
5. State of Formation RI					
6. Principal Office Address 5 Brett Drive			City Foster	State RI	Zip 02825
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Peter Costello			Contact Title Owner		
Street Address 5 Brett Drive			City Foster	State RI	Zip 02825
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	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
☐ Check the box to indicate an attachment					
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 Peter Costello				Date 05/12/2021	
Signature of Authorized Person <i>Peter R Costello</i>					

FILED

MAY 13 2021

BY *on DTTBQ*
10:11

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov