

## Department of State - Business Services Division

Annual Report for the year: <u>8080</u> MAY 2 8 2021 Climited 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.

1. Entity ID Number	2. Exact nam	2. Exact name of the Limited Liability Company				
1661996	RMO Public Relations, LIC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
541820	Public	- Relati	ions Agency d	- Proje	+ Marstoner	
5. State of Formation	7			• • • • • • • • • • • • • • • • • • • •	s, sign	
$RT_{-}$						
6. Principal Office Address			City	State	Zip	
49 Weybosset St. 5th floor			Providence	RI	02903	
7. Mailing Address of Limited L	iability Compan	y and Name or Title	e of Contact Person			
Contact Name			Contact Title President			
Rosanna M. Ortiz			City	State	Zip	
Street Address						
8. List ALL managers (names	and addresses)	of the Limited Liab	oility 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			
Sileet Address		<u></u>				
City	State	Zip	City	State	Zip	
	<del> </del>			Check the box to	indicate an attachment	
9. The Resident Agent inform	ation currently o	f record with the R	I Department of State is accurate	e. Changes requ	ire filing Form 642.	
Under penalty of periury 10	leclare and affi	rm that I have exa	amined this report, including a	ny accompanyi	ng schedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Person				Date		
				5/a	4/2021	
KOSanna N Signature of Authorized Person		^ '				
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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