RI SOS Filing Number: 202100973770 Date: 9/3/2021 4:00:00 PM

State of Rhode Island
**Department of State - Business Services Division**

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BY

**Annual Report for the year:** 2021
**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.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company |
|---|---|
| 000124128 | CHARLES J. MEANS & CO., LLC |
| 3. NAICS Code: 523920 | 4. Brief description of the character of business conducted in Rhode Island: Investment Advisory Company |
| 5. State of Formation: RI | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 344 Wickenden St | Providence | RI | 02903 |

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

| Contact Name | Contact Title | | |
|---|---|---|---|
| Charles J. Means | Managing Member, Chief Compliance Officer | | |
| **Street Address** | **City** | **State** | **Zip** |
| 344 Wickenden St | Providence | RI | 02903 |

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 | Date |
|---|---|
| Charles J Means | 9-1-2021 |
| Signature of Authorized Person | |

**MAIL TO:**
**Division of Business Services**
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**Website:** www.sos.ri.gov