



State of Rhode Island  
Department of State - Business Services Division

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.

FILED  
OCT 4 2021  
BY A 22722

1. Entity ID Number <b>000163597</b>		2. Exact name of the Limited Liability Company <b>R AND D STRATEGIC SOLUTIONS LLC</b>			
3. NAICS Code <b>541199</b>		4. Brief description of the character of business conducted in Rhode Island <b>Litigation services in the form of mock jury trials, jury selection and witness preparation.</b>			
5. State of Formation <b>DE</b>					
6. Principal Office Address <b>29322 Ono Boulevard</b>		City <b>Orange Beach</b>	State <b>AL</b>	Zip <b>36561</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Mark Zarrow</b>			Contact Title <b>CFO</b>		
Street Address <b>131 Hartwell Ave, Suite 300</b>		City <b>Lexington</b>	State <b>MA</b>	Zip <b>02421</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Rick B. Fuentes</b>		Manager Name <b>Reiko Hasuike</b>			
Street Address <b>29322 Ono Boulevard</b>		Street Address <b>2514 Highland Ave.</b>			
City <b>Orange Beach</b>	State <b>AL</b>	Zip <b>36561</b>	City <b>Manhattan Beach</b>	State <b>CA</b>	Zip <b>90266</b>
Manager Name <b>Ross P. Laguzza</b>		Manager Name			
Street Address <b>422 NW 13<sup>th</sup> Ave, Suite 744</b>		Street Address			
City <b>Portland</b>	State <b>OR</b>	Zip <b>97209</b>	City	State	Zip
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.					
<b>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.</b>					
Name of Authorized Person <b>Mark Zarrow</b>				Date	
Signature of Authorized Person 					

**MAIL TO:**  
Division of Business Services  
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