

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2021 OCT -5 ASTAMP

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 1711672	2. Exact name of the Limited Liability Company BROADRY, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
611699	EDUCATIONAL PLACEMENT AND CONSULTING				
5. State of Formation				••	
6. Principal Office Address			City	State	Zıp
100 BEACON AVENUE			WARWICK	RI	02889
7. Mailing Address of Limited Lia	ability Compa	any and Name or	Title of Contact Person	<u> </u>	- 1
Contact Name JULIE L. LOFFREDI			Contact Title MEMBER		
Street Address 100 BEACON AVENUE			City WARWICK	State RI	^{Zıp} 02889
8 List ALL managers (names a	nd addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - 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	Zıp
	1			Check the box to i	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I dec statements, and that all states				ng any accompanyin	g schedules and
Name of Authorized Person				Date	- 1 - 2
JULIE L. LOFFREDI				9.24.21	
Signature of Authorized Person L. Lyfte alci DOCUMENT HERE					

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

OCT 05 2021 BY Ch CK # 1052

FORM 632 - Revised: 10/2017