



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.

OCT 21 2021 *161*

1. Entity ID Number 001338793		2. Exact name of the Limited Liability Company Survivors Speak RI, LLC			
3. NAICS Code 613319		4. Brief description of the character of business conducted in Rhode Island Speakers Bureau addressing Sexual Assault within the military, colleges, hospitals and medical facilities.			
5. State of Formation Rhode Island					
6. Principal Office Address 19 Naples Avenue		City Warwick		State RI	Zip 02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Mary Byrne Saccoccia			Contact Title Manager		
Street Address PO Box 7327		City Warwick		State RI	Zip 02887
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Mary Byrne Saccoccia			Manager Name		
Street Address 19 Naples Avenue			Street Address		
City Warwick	State RI	Zip 02886	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 Mary Byrne Saccoccia				Date October 19, 2021	
Signature of Authorized Person <i>Mary Byrne Saccoccia</i>					

MAIL TO:

Division of Business Services

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