



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 25 2021

BY

|                                                                                                                                                                                                      |       |                                                                                                            |                    |                    |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--------------|
| 1. Entity ID Number<br><b>001707941</b>                                                                                                                                                              |       | 2. Exact name of the Limited Liability Company<br><b>Lono's Investment Consulting &amp; Management LLC</b> |                    |                    |              |
| 3. NAICS Code<br>711410                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>Studio Management           |                    |                    |              |
| 5. State of Formation                                                                                                                                                                                |       |                                                                                                            |                    |                    |              |
| 6. Principal Office Address<br>130 Broad Street Suite 10                                                                                                                                             |       |                                                                                                            | City<br>Cumberland | State<br>RI        | Zip<br>02864 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                            |                    |                    |              |
| Contact Name<br>Gilbert Walker Jr                                                                                                                                                                    |       |                                                                                                            | Contact Title      |                    |              |
| Street Address<br>130 Broad Street                                                                                                                                                                   |       |                                                                                                            | City<br>Cumberland | State<br>RI        | Zip<br>02864 |
| 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 <input type="checkbox"/>                                                                                                                                     |       |                                                                                                            |                    |                    |              |
| 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<br>                                                                                                                                                                        |       |                                                                                                            |                    | Date<br>10/19/2021 |              |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                            |                    |                    |              |

## MAIL TO:

## Division of Business Services

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