



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001669240

2. Exact Name of the Limited Liability Company William Garvey and Associates LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541690

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

WILLIAM GARVEY AND ASSOCIATES LLC PROVIDES VALIDATION AND QUALITY-RELATED SERVICES TO THE REGULATED INDUSTRIES—PHARMACEUTICALS, BIOLOGICS AND MEDICAL DEVICES. SERVICES INCLUDE VALIDATION PROTOCOL PREPARATION AND EXECUTION, GMP AND TECHNICAL TRAINING, VALIDATION PROJECT MANAGEMENT AND QUALITY SYSTEMS (QMS) DEVELOPMENT AND REMEDIATION.

WILLIAM GARVEY AND ASSOCIATES ALSO OPERATES USING THE FICTITIOUS BUSINESS NAME DREAMSCAPE DEVELOPMENT. DREAMSCAPE DEVELOPMENT CREATES SOFTWARE AND COMPUTER GRAPHICS FOR THE VIDEO GAME AND RELATED INDUSTRIES.

5. Principal Office Address

No. and Street: 22 SYCAMORE DRIVE

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

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

Contact Name: WILLIAM H. GARVEY III Contact Title: PRINCIPAL CONSULTANT
No. and Street: 22 SYCAMORE DRIVE
City or Town: WESTERLY State: RI Zip: 02891 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

WILLIAM H GARVEY III 22 SYCAMORE DRIVE WESTERLY , RI 02891

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of October, 2021 at 8:42:34 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By WILLIAM H. GARVEY III
Signature of Authorized Person

Form No. 632
Revised 09/07

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