RI SOS Filing Number: 202104820520 Date: 11/8/2021 10:32:00 AM RECEIVED

R.I. DEPT. OF STATE BUS SYDS DIV



State of Rhode Island

Department of State - Business Services Division

2021 NOV -8 A 10: 29

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	2. Exact name of the Limited Liability Company				
001671561	Be Moore Interpreting LCC 4. Brief description of the character of business conducted in Rhode Island				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
541930	Providing interpretation and				
5. State of Formation	mation				
RI translation Services					
6. Principal Office Address			City	State	Zip
33 Summer Street			Pawt.	I RI	02860
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Shirley Moore			Contact Title OWNER		
Street Address 33 SW	nmer	Street	City Fautuc	ket State R1	210 02860
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	Zîp
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 Shirley X. Moore Date 11/8/21					
Signature of Authorized Person MOONE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri gov

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