



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.

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|---|-------|---|---|---------------------------|---------------------|
| 1. Entity ID Number <u>00931955</u> | | 2. Exact name of the Limited Liability Company <u>PALMER CONSULTING SERVICES, LLC</u> | | | |
| 3. NAICS Code <u>541512</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>TECH CONSULTING</u> | | | |
| 5. State of Formation <u>RI</u> | | | | | |
| 6. Principal Office Address <u>688 Rosehill Rd</u> | | | City <u>S Kingstown</u> | State <u>RI</u> | Zip <u>02879</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name <u>LEESON PALMER</u> | | | Contact Title <u>President/Founder</u> | | |
| Street Address <u>- SAME -</u> | | | City | State | Zip |
| 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. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person <u>Leeson F Palmer</u> | | | | Date <u>10/31/2021</u> | |
| Signature of Authorized Person <u>Leeson F Palmer</u> | | | | | |

MAIL TO:

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