State of Rhode I			5			
Department	t of State - Bus	iness Servi	ces Division			
Annual Report for Limited Liability C → Filing period: Sept → Filing Fee: \$50.00 → Penalty: Additional	ompany ember 1 - Novemb	er 1	ecember 1.	NOV BY	NOV 08 2021 BY	
1. Entity ID Number	_ I	-	d Liability Company			
00931955 PAIMER CONS			CONSULTI	NG SERI	SICES LLC	
3. NAICS Code 5 4 / F 5. State of Formation R +	5/24		naracter of business conduct			
6. Principal Office Address 688 Roseth II Nd			City S. Kingst	State N. T.	Zip 02879	
7. Mailing Address of Lin	nited Liability Compa	ny and Name or	Title of Contact Person			
Contact Name LEESON PAIMER			Contact Title Poo	Inder to	-le	
Street Address SAME -			City	State	Zip	
8, List ALL managers (n	ames and addresses	s) of the Limited l	Liability Company, IF APPLI	CABLE - DO NOT LIS T	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	
		<u></u>		Check the box to	indicate an attachment	
			RI Department of State is a			

MAIL TO:

Division of Business Services

Name of Authorized Person

Signature of Authorized Person

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

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

Leeson F Palmer