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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 **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	In Every		-bib. 0		·	
001694342	2. Exact name of the Limited Liability Company Central Contacts, LLC					
	+			•		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
511210	software publisher					
5 State of Formation	7					
Rhode Island						
6. Principal Office Address			City	State	Zip	
ONE RICHMOND SQUARE, SUITE 125B			PROVIDENCE	RI	02906	
7. Mailing Address of Limited Li	iability Compan	y and Name or Tit	tle of Contact Person	•		
Contact Name Christine Wells			Contact Title Authorized Representative			
Street Address 784 Clearwater Loop			City Post Falls	State ID	^{Zip} 83854	
8. List ALL managers (names a		of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name Bailey O'Donnell			Manager Name			
Street Address One Richmond Square STE 125B			Street Address			
City Providence	State RI	^{Zip} 02906	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	and. This informa	ation is currently of r	ecord with the Department of St	ate. Changes require fili	ng Form 642.	
Under penalty of perjury, I de statements, and that all state	clare and affir ments contair	m that I have exa ned herein are tru	amined this report, including and correct.	ng any accompanyir	ng schedules and	
Name of Authorized Person Date						
Riley Park				11-12-2	11-12-2021	
Signature of Authorized Person	γ_{α}	γ		•		
	Riley i	Park				
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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