	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report			
Filing Period: September 1	- November 1 7-16-66(d), each limited liability com	any failing or refusir	a
	in thirty (30) days after the time presc		
ANNUAL REPORT YEAR:	<u>2021</u>		
1. ID No. <u>001707532</u>	2		
2. Exact Name of the Li	mited Liability Company Root Lite	eracy Design LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	Code that best describes the primary e information on <u>NAICS</u> can be found		by the entity. Download
<u>611110</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conduc	cted in Rhode Island
ROOT LITERACY DES	SIGN LLC WORKS WITH EDUC	ATORS TO BUILI	DEVIDENCE-BASED
LITERACY PRACTICE TRAINING.	ES WITHIN THEIR OWN SETTIN	<u>IG THROUGH CC</u>	NSULTING AND
5. Principal Office Addre			
	<u>COTTAGE AVE</u> <u>RTSMOUTH</u> State: <u>R</u>	<u>I</u> Zip: <u>02871</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact	Person:
Contact Name: <u>HEATHE</u>	R BALLANTINE Contact Title: FOL	NDING DESIGNER	
	<u>COTTAGE AVE</u> <u>RTSMOUTH</u> State: <u>R</u>	Zip: <u>02871</u>	Country: <u>USA</u>
	Each Manager of the Limited Liab	· · <u></u>	·
	1	-	
Title	Individual Name First, Middle, Last, Suffix		ddress n, State, Zip Code, Country

MANAGER

ALICIA PROULX

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

HEATHER E BALLANTINE 52 COTTAGE AVE PORTSMOUTH, RI 02871

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 November, 2021 at 10:49:31 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 HEATHER BALLANTINE

Signature of Authorized Person

Form No. 632 Revised 09/07

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