State of Rhode Island Office of the Secretary of State Fer: S50.00 Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 State Vision Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Pring Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or relusing to file its annual report within thirty (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(de.C)) is subject to a panely foe of \$255.00. ANNUAL REPORT YEAR: 2021 1. ID No. 001695461 2. Exact Name of the Limited Liability Company Robert Vincent Consulting LLC 3. State of Formation State: [] ARTICLE II Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. State: [] ARTICLE II ARTICLE II State: []					
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R1.0 L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 1466(db&)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2021 1. ID No. 001695461 2. Exact Name of the Limited Liability Company Robert Vincent Consulting LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 541611 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island STRATEGIC BUSINESS CONSULTING 5. Principal Office Address No. and Street: 125 SUMMIT VIEW LANE City or Towm: NoRTH KINGSTOWN Contact Title: No. and Street: 125 SUMMIT VIEW LANE City or Towm: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 125 SUMMIT VIEW LANE City or Towm: <t< td=""><td></td><td></td><td></td><td>Fee: \$50.00</td></t<>				Fee: \$50.00	
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ROBERT K VINCENT 125 SUMMIT VIEW LANE NORTH KINGSTOWN, RI 02852

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 2:53:32 PM 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 <u>ROBERT VINCENT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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