	State of Rhode		
	Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River St		
	Providence RI 0290 (401) 222-304		
HOPE	(401) 222-304	+0	
Limited Liability Comp	bany		
Annual Report Filing Period: September 1 -	November 1		
			_
	7-16-66(d), each limited liability comp thirty (30) days after the time presci		
16-66(b&c)) is subject to a p	enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2021		
<b>1. ID No.</b> <u>001659223</u>			
2. Exact Name of the Lin	nited Liability Company <u>BURST</u>	LEARNING, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
<u>541690</u>	information on NAICS can be found		
4. Brief Description of the	Character of the Business Which	is Actually Conduc	ted in Rhode Island
		VICES	
EDUCATION AND TRA	AINING CONSULTATION SER	VICES	
EDUCATION AND TRA 5. Principal Office Addres			
5. Principal Office Addres	S		
5. Principal Office Addres No. and Street: <u>237</u>			Country: <u>USA</u>
5. Principal Office Address         No. and Street:       237         City or Town:       WA	s 4 POST ROAD	Zip: <u>02886</u>	
5. Principal Office Addres         No. and Street:       237         City or Town:       WA	s <u>4 POST ROAD</u> <u>RWICK</u> State: <u>RI</u> ited Liability Company and Name	Zip: <u>02886</u>	
5. Principal Office Address         No. and Street:       237         City or Town:       WA         6. Mailing Address of Lime         Contact Name:       Contact T         No. and Street:       C/O LAW	s <u>4 POST ROAD</u> <u>RWICK</u> State: <u>RI</u> ited Liability Company and Name itle: /RENCE & ASSOCIATES INC	Zip: <u>02886</u> or Title of Contact	
5. Principal Office Address         No. and Street:       237         City or Town:       WA         6. Mailing Address of Lime         Contact Name:       Contact T         No. and Street:       C/O LAW	s <u>4 POST ROAD</u> <u>RWICK</u> State: <u>RI</u> ited Liability Company and Name itle: /RENCE & ASSOCIATES INC ST ROAD	Zip: <u>02886</u> or Title of Contact	
5. Principal Office Address         No. and Street:       237         City or Town:       WA         6. Mailing Address of Lime         Contact Name:       Contact T         No. and Street:       C/O LAW         2374 PO         City or Town:       WARWIC	s <u>4 POST ROAD</u> <u>RWICK</u> State: <u>RI</u> ited Liability Company and Name itle: <u>/RENCE &amp; ASSOCIATES INC</u> <u>ST ROAD</u> <u>CK</u> Each Manager of the Limited Liab	Zip: <u>02886</u> or Title of Contact	Person: 02886 Country: USA
<ul> <li>5. Principal Office Address</li> <li>No. and Street: 237</li> <li>City or Town: WA</li> <li>6. Mailing Address of Lime</li> <li>Contact Name: Contact T</li> <li>No. and Street: C/O LAW</li> <li>2374 PO</li> <li>City or Town: WARWIC</li> <li>7. Name and Address of LO NOT LIST MEMBER</li> </ul>	s <u>4 POST ROAD</u> <u>RWICK</u> State: <u>RI</u> <b>ited Liability Company and Name</b> itle: <u>/RENCE &amp; ASSOCIATES INC</u> <u>ST ROAD</u> <u>SK</u> Each Manager of the Limited Liab S	Zip: <u>02886</u> or Title of Contact State: <u>RI</u> Zip: <u>(</u> ility Company, if A	Person: 02886 Country: USA oplicable.
5. Principal Office Address         No. and Street:       237         City or Town:       WA         6. Mailing Address of Lime         Contact Name:       Contact T         No. and Street:       C/O LAW         2374 PO         City or Town:       WARWIC         7. Name and Address of Lime	s <u>4 POST ROAD</u> <u>RWICK</u> State: <u>RI</u> ited Liability Company and Name itle: <u>/RENCE &amp; ASSOCIATES INC</u> <u>ST ROAD</u> <u>CK</u> Each Manager of the Limited Liab	Zip: <u>02886</u> or Title of Contact State: <u>RI</u> Zip: <u>(</u> ility Company, if A	Person: 02886 Country: USA

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

JAMES S. LAWRENCE, ESQ. C/O LAWRENCE & ASSOCIATES, INC. 2374 POST ROAD WARWICK , RI 02886

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 4:19:33 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 JAMES S. LAWRENCE, ESQ.

Signature of Authorized Person

Form No. 632 Revised 09/07

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