|   | State of Rhode Island<br>Office of the Secretary of State | Fee: \$50.00        |
|---|---|---------------------|
|   | Division Of Business Services                             |                     |
|   | 148 W. River Street                                       |                     |
|   | Providence RI 02904-2615                                  |                     |
| HOPE  | (401) 222-3040  |                     |
| Limited Liability Company   |   |                     |
| Annual Report Filing Period: February 1 - May 1   |   |                     |
|   |   |                     |
| In accordance with R.I.G.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. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. |   |                     |
| ANNUAL REPORT YEAR: 2022  |   |                     |
| 1. ID No. <u>001676121</u>  |   |                     |
| 2. Exact Name of the Limited Liability Company <u>ROBSON ADVISORS LLC</u>   |   |                     |
| 3. State of Formation   |   |                     |
| State: <u>RI</u>  |   |                     |
|   | ARTICLE III   |                     |
| the list of codes <u>here.</u> More informati   | ion on <u>NAICS</u> can be found online.                  |                     |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   |   |                     |
| PROVIDES PROJECT MANAG  | EMENT AND PRODUCT DEVELOPMENT                             | ADVICE FOR          |
| EARLY STAGE   |   |                     |
| MEDICAL DEVICE COMPANI  | ES.   |                     |
| 5. Principal Office Address   |   |                     |
| No. and Street: <u>336 SEA VIE</u>  | W AVENUE  |                     |
| City or Town: <u>RIVERSIDE</u>  | State: <u>RI</u> Zip: <u>02915</u>                        | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:  |   |                     |
| Contact Name: Contact Title:  |   |                     |
| No. and Street: <u>336 SEA VII</u>  |   |                     |
| City or Town: <u>RIVERSIDE</u>  | State: <u>RI</u> Zip: <u>02915</u>                        | Country: <u>USA</u> |
| 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER<br>Changes Require Filing of Form 642 - R.I.G.L. 7-16-11   |   |                     |
| DAVID ROBSON 336 SEA VIEW AVENUE RIVERSIDE, RI 02915  |   |                     |
| 8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).   |   |                     |

## Signed this 11 Day of July, 2022 at 3:48:39 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>DAVID ROBSON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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