RI SOS Filing Number: 202325859800 Date: 1/9/2023 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
1700252	Tevolve LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
541512	Computer software consulting and design				
5. State of Formation	7				
Rhode Island					
6. Principal Office Address	<u> </u>	City	State	Zip	
15 Samoset Ave	Barrington		RI	02806	
7. Mailing Address of Limited	Liability Company and Name or Tit				
Contact Name Norman Moore		Contact Title Owner			
Street Address 15 Samoset Ave		City Barrington	State RI	<sup>Zip</sup> 02806	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person		<del></del> :	Date		
Norman Moore			1-6-2023		
Signature of Authorized Personal Management of Authorized Personal Managem	Gerl_				

MAIL TO:

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

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