

Department of State - Business Services Division

STAMP

Annual Report for the year: <u>2022</u> Limited Liability Company

→ 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					
001676403	Simplified Impact LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
541613 5. State of Formation	Marketing Consulting Firm					
Rhode Island						
Principal Office Address		City	State	Zip		
21 Orchard	Ave.	Varragansett	RI	D3887		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Haria Raynes Contact Title (80)						
Street Address Al Orchard	Ave	Klarracianse +4	State R1	Zip 09889		
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			Date			
Ana Maria Rayner		02/0	6 2023			
Signature of Authorized Person (Lua Waria Rounes						

FILED

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MAIL TO:

Division of Business Services

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Suite 1A

FORM 632 - Revised: 11/2021