Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Inited Liability Company Annual Report Single Period: February 1 - May 1 n accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or elusing to file its annual report within thirty (30) days after the time prescribed by aw (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00 ANNUAL REPORT YEAR: 2023 1. ID No. 000789917 2. Exact Name of the Limited Liability Company ALLIO ASSOCIATES, 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. S41618 A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island BUSINESS AND NONPROFIT STRATEGY CONSULTING 5. Principal Office Address No. and Street: 153 BOWEN ST. City or Town: PROVIDENCE
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Simited Liability Company Annual Report Filing Period: February 1 - May 1 na accrdance with R.I.G.L. 7-16-66(d), each limited liability company failing or elusing to file its annual report within thirty (30) days after the time prescribed by eav (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2023 1. ID No. 000789917 2. Exact Name of the Limited Liability Company ALLIO ASSOCIATES, LLC 3. State of Formation State: Rl 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. 541618 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island BUSINESS AND NONPROFIT STRATEGY CONSULTING 5. Principal Office Address No. and Street: 153 BOWEN ST.
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5. Principal Office Address No. and Street: <u>153 BOWEN ST.</u>
No. and Street: <u>153 BOWEN ST.</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: <u>MICHAEL ALLIO</u> Contact Title: No. and Street: <u>153 BOWEN STREET</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02906</u> Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11
MICHAEL K. ALLIO 153 BOWEN STREET PROVIDENCE , RI 02906

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of March, 2023 at 2:02:23 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>MICHAEL K ALLIO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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