

Annual Report for the year: $\frac{2023}{}$ **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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Entity ID Number	2. Exact name of the Limite	2. Exact name of the Limited Liability Company				
001706415	BC Consulting, LI	BC Consulting, LLC				
<u></u>		•				
3. NAICS Code	· ·	Brief description of the character of business conducted in Rhode Island				
541618	Consulting services	Consulting services				
5. State of Formation						
RI						
6. Principal Office Address		City	State	Zip		
100 Amy Drive		Cranston	RI	02921		
7. Mailing Address of Limiter	d Liability Company and Name or	r Title of Contact Person	•	•		
Contact Name Earl J. Croft, III		Contact Title				
Street Address 100 Amy Drive		City Cranston	State RI	^{Z_{ip}} 02921		
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						
Earl J. Croft, III			3/28	3/28/23		
Signature of Authorized Person						
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MAIL TO:

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

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