



State of Rhode Island
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report 2023

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: 2023

1. ID No. 001742916

2. Exact Name of the Limited Liability Company TRUE NORTH NE, 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.

611710

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

STRATEGIC PLANNING AND PROFESSIONAL DEVELOPMENT INCLUDING CURRICULUM

REFLECTION, REDESIGN, AND INTEGRATION; PERSONALIZED LEARNING,

EDUCATIONAL TECHNOLOGY COACHING; AND PROJECT-BASED LEARNING.

APR 13 2023

CONFIRM #
BY 1027902

5. Principal Office Address

No. and Street: 758 UNION STREET

City or Town: PORTSMOUTH

State: RI

Zip: 02871

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: CHRISTINA CORSER Contact Title: OWNER

No. and Street: 758 UNION STREET

City or Town: PORTSMOUTH

State: RI

Zip: 02871

Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MICHAEL J. RICHARDS 36 WASHINGTON SQUARE NEWPORT , RI 02840

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

The Department of State tracks the number of new business filings on a quarterly and annual basis. By answering the following three voluntary questions, you will help us better present useful trends and information on the health of our economy.

1. (Select all that apply) - Does the business owner self-identify as any of the following:

- Woman
 Veteran
 Disabled
 Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

2 How many full time employees does the business have:

- 0
 1-5
 6-50
 51-200
 201-500
 Over 500

3. What are the gross revenues for the business for the past year:

- \$0 - \$50,000
 \$51,000 - \$250,000
 \$251,000 - \$500,000
 \$501,000 - \$1,000,000
 Over \$1,000,000

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: CHRISTINA CORSER

Business Name: TRUE NORTH NE

No. and Street: 758 UNION STREET

City or Town: Portsmouth

State: RI

Zip: 02871

Country: USA

Contact Phone: -- _____

Contact Email: - _____

Signed this 13 Day of April, 2023 at 11:58:51 AM 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 CHRISTINA CORSER

Signature of Authorized Person

Make Corrections

Accept