

## State of Rhode Island

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

Annual Report for the year: Limited Liability Company

2023

→ 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 Limited Liability Company				
1745945	Y Consulting LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
FAL (0A)	consulting tiem				
5 State of Formation	1 consuming	f ilais			
RI					
6. Principal Office Address	<u> </u>	City	State	Zip	
· ·				'	
775 HARTFORD AVE 2ND FLOOR		JOHNSTON	RI	02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	DEDT.	Contact Title			
JASON LOMBERT					
Street Address 775 HARTFORD AVE 2ND FLOOR		City JOHNSTON	State RI	<sup>Zip</sup> 02919	
77011/4(11)	TO AVE ZIND I EOOK	3011107011		02515	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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	Date	
JASON LOMBERT			6/5/2023		
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