

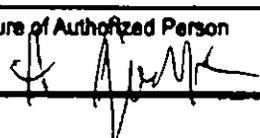


**State of Rhode Island  
Department of State - Business Services Division**

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Annual Report for the year: 2024  
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.

|   |  |   |                    |
|---|--|---|--------------------|
| 1. Entity ID Number<br><b>001721894</b>   |  | 2. Exact name of the Limited Liability Company<br><b>SourceOne-PVD, LLC</b>                         |                    |
| 3. NAICS Code<br><b>541519</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>IT Consulting</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>  |  |   |                    |
| 6. Principal Office Address<br><b>679 Douglas Ave</b>   |  | City<br><b>Providence</b>   | State<br><b>RI</b> |
|   |  | Zip<br><b>02908-1606</b>  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                    |
| Contact Name<br><b>Heather Gavek</b>  |  | Contact Title<br><b>Principal</b>   |                    |
| Street Address<br><b>679 Douglas Ave</b>  |  | City<br><b>Providence</b>   | State<br><b>RI</b> |
|   |  | Zip<br><b>02908</b>   |                    |
| 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<br><b>H.Gavek</b>   |  | Date<br><b>1/22/2024</b>  |                    |
| Signature of Authorized Person<br>   |  |   |                    |

**MAIL TO:**  
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