



**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**

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 - ENTER THE CURRENT YEAR 2024:** 2024

1. ID No. 001740672

2. Exact Name of the Limited Liability Company J. Alssid Associates LLC

3. State of Formation

State: RI

**NAICS CODE**

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.

541611

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

J. ALSSID ASSOCIATES IS A NIMBLE AND RESPONSIVE STRATEGY CONSULTING PRACTICE WITH EXTENSIVE KNOWLEDGE OF EDUCATION AND WORKFORCE DEVELOPMENT POLICY AND PRACTICE. WE HELP EMPLOYERS, EDUCATORS, AND INDUSTRY LEADERS DESIGN SYSTEMS, STRUCTURES, AND PROGRAMS THAT ADDRESS WORKFORCE NEEDS AND HELP LEARNERS ADVANCE THEIR EDUCATION AND CAREER PROSPECTS. WE BUILD PROGRAMS AND POLICIES TO DRIVE TRANSFORMATIONAL CHANGE WITHIN AND ACROSS ORGANIZATIONS. WE BRING

A

UNIQUE COMBINATION OF STRATEGIC VISION AND PRACTICAL  
IMPLEMENTATION TO THE  
PROJECTS WE DELIVER, AND LEVERAGE A STRONG NETWORK OF EXPERTS AND  
LEADERS  
IN  
THE FIELD.

**5. Principal Office Address**

No. and Street: 17 CHACHAPACASSET RD  
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

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

Contact Name: ROBIN ALSSID Contact Title: FINANCE DIRECTOR  
No. and Street: 17 CHACHAPACASSET RD  
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

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

JULIAN L. ALSSID 17 CHACHAPACASSET ROAD BARRINGTON , RI 02806

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

**Signed this 29 Day of February, 2024 at 2:26:45 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 ROBIN ALSSID  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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