

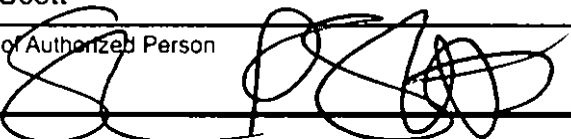


State of Rhode Island  
Department of State - Business Services Division

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.

FILED  
MAR 27 2024 MP  
BY 1103  
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|------------------------|
| 1. Entity ID Number<br><b>001659029</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>Shawn Scott Consulting, LLC</b>                      |                        |
| 3. NAICS Code<br><b>541511</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Consulting services</b> |                        |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                            |  |                                                                                                           |                        |
| 6. Principal Office Address<br><b>15 Angell Lane</b>                                                                                                                                                    |  | City<br><b>Scituate</b>                                                                                   | State<br><b>RI</b>     |
|                                                                                                                                                                                                         |  | Zip<br><b>02857</b>                                                                                       |                        |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                           |                        |
| Contact Name<br><b>Shawn Scott</b>                                                                                                                                                                      |  | Contact Title<br><b>Manager</b>                                                                           |                        |
| Street Address<br><b>PO Box 243</b>                                                                                                                                                                     |  | City<br><b>North Scituate</b>                                                                             | State<br><b>RI</b>     |
|                                                                                                                                                                                                         |  | Zip<br><b>02857</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>Shawn Scott</b>                                                                                                                                                         |  |                                                                                                           | Date<br><b>3/23/24</b> |
| Signature of Authorized Person<br>                                                                                   |  |                                                                                                           |                        |

## MAIL TO:

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