

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

-> 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	2. Exact name of the Limited Liability Company			
001659029	Shawn Scott Consulting, LLC			
3. NAICS Code 541511	Brief description of the character of business conducted in Rhode Island Consulting services			
5. State of Formation				
Rhode Island				
6. Principal Office Address		City	State	Zip
15 Angell Lane		Scituate	RI	02857
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person	*	•
Contact Name Shawn Scott		Contact Title Manager		
Street Address PO Box 243		City North Scituate	State	^{Zip} 02857
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accurate	. Changes requir	e filing Form 642.
, , , ,	y, I declare and affirm that I hav tatements contained herein are	e examined this report, including true and correct.	any accompany	ring schedules and
Name of Authorized Person			Date 7 1 7 1	
Shawn Scott			5/2	6/24
Signature of Authorized Per	son	<u> </u>	************	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov