



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
APR 11 2024
BY 93
RS

1. Entity ID Number 001741584		2. Exact name of the Limited Liability Company 6 of 1 LLC	
3. NAICS Code 541690		4. Brief description of the character of business conducted in Rhode Island Scientific and statistical consulting	
5. State of Formation Rhode Island			
6. Principal Office Address 11 S ANGELL ST. #354		City Providence	State RI
		Zip 02906	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Grayson Baird		Contact Title Manager	
Street Address 11 S ANGELL ST. #354		City PROVIDENCE	State RI
		Zip 02906	
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 Grayson L. Baird (Manager)		Date 4-7-2024	
Signature of Authorized Person <i>Grayson L Baird (manager)</i>			

MAIL TO:

Division of Business Services
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