	Sta	te of Dhedele		
	Office o	ate of Rhode Is of the Secretar		Fee: \$50.00
	Divisi	on Of Business S	Services	
	-	148 W. River Str		
1636	Prov	vidence RI 02904		
		(401) 222-3040)	
Limited Liability C Annual Report Filing Period: Februa				
refusing to file its an	R.I.G.L. 7-16-66(d), each nual report within thirty (6(b&c)) is subject to a pe	(30) days after th	ne time prescribe	
ANNUAL REPORT	YEAR - ENTER THE CUR	RENT YEAR 20	24 : <u>2024</u>	
1. ID No. <u>00169</u>	5191			
2. Exact Name of t	he Limited Liability Con	npany <u>Conceptu</u>	al Systems LLC	
3. State of Formati	on			
State: <u>RI</u>				
		NAICS CODE		
-	AICS Code that best des f codes <u>here.</u> More inforr	•	•	
<u>611519</u>				
4. Brief Description Island	n of the Character of the	Business Whic	h is Actually Co	nducted in Rhode
<u>BY APRIL AN ED</u>	DUCATIONAL SERVIC	CES WILL COM	IMENCE	
5. Principal Office	Address			
No. and Street:	<u>807 BROAD ST</u> <u>SUITE 230</u>			
City or Town:	PROVIDENCE	State: <u>RI</u>	Zip: <u>02907</u>	Country: <u>USA</u>
6. Mailing Address	of Limited Liability Con	npany and Name	or Title of Cont	act Person:
Contact Name: <u>AD</u> No. and Street:	EOLA OSUNDE Contact 807 BROAD ST	t Title:		
	<u>SUITE 230</u>			

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

ADEOLA OSUNDE 807 BROAD STREET, SUITE 230 PROVIDENCE, RI 02907

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 April, 2024 at 7:56:20 AM 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 ADEOLA OSUNDE

Signature of Authorized Person

Form No. 632 Revised 09/07

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