



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
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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.

|   |  |   |   |
|---|--|---|---|
| 1. Entity ID Number<br><u>000509719</u>   |  | 2. Exact name of the Limited Liability Company<br><u>Focus Education LLC</u>  |   |
| 3. NAICS Code<br><u>624100</u>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Educational- Teaching Anger Management<br/>Classes &amp; Seminar Training</u> |   |
| 5. State of Formation<br><u>RI</u>  |  |   |   |
| 6. Principal Office Address<br><u>45 CEDARCREST DR</u>  |  | City<br><u>PAWTUCKET</u>  | State<br><u>RI</u><br>Zip<br><u>02861</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |   |
| Contact Name<br><u>DAVID R. OLSEN</u>   |  | Contact Title<br><u>DIRECTOR/FACILITATOR/TEACHER</u>  |   |
| Street Address<br><u>45 CEDARCREST DR</u>   |  | City<br><u>PAWTUCKET</u>  | State<br><u>RI</u><br>Zip<br><u>02861</u> |
| 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><u>DAVID R OLSEN</u>   |  |   | Date<br><u>July 8, 2024</u>               |
| Signature of Authorized Person<br><u>David R Olsen</u>  |  |   |   |

## MAIL TO:

Division of Business Services  
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