



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. ID No. 001754717

2. Exact Name of the Limited Liability Company Supply Chain Storyteller LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541618

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

SUPPLY CHAIN STORYTELLER IS A REMOTE-FIRST BUSINESS IN RHODE ISLAND THAT OFFERS SPECIALIZED SERVICES THAT TRANSCEND GEOGRAPHICAL BOUNDARIES. WHILE OUR TEAM OPERATES REMOTELY, THE ORIGIN OF OUR SERVICES IS DEEPLY ROOTED

OUR CORE SERVICES REVOLVE AROUND CONSULTING AND ADVISING, FOCUSING ON EMPOWERING COMPANIES TO ENHANCE THEIR SUPPLY CHAIN PERFORMANCE. WE SPECIALIZE IN HELPING BUSINESSES CRAFT COMPELLING NARRATIVES HIGHLIGHTING THE VALUE CREATED BY THEIR SUPPLY CHAINS. WHETHER CLIENTS ARE BASED WITHIN THE STATE OR

ELSEWHERE, OUR REMOTE-FIRST APPROACH ENSURES SEAMLESS ACCESSIBILITY TO OUR EXPERTISE.

5. Principal Office Address

No. and Street: 40 PRIMROSE HILL ROAD
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: PATRICK VAN HULL Contact Title:
No. and Street: 40 PRIMROSE HILL ROAD
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

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

PATRICK VAN HULL 40 PRIMROSE HILL RD BARRINGTON , RI 02806

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 2 Day of February, 2025 at 9:30:23 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 PATRICK VAN HULL
Signature of Authorized Person

Form No. 632
Revised 09/07

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