

## State of Rhode Island Department of State - Business Services Division

**Limited Liability Company** → Filing period: February 1 - May 1

Annual Report for the year:

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

Entity ID Number 2. Exact name of the Limited Liability Company			
00165/295 J + G C	onsutants.	LLC	
3. NAICS Code  4. Brief description of the character of business conducted in Rhode Island,  POUGE LYPET ACTURE, HELP PEOPLE and  business conducted in Rhode Island,			
5. State of Formation businesses improve their operations, collect RI 2015 data, offer guidence, Find Solutions, etc.			
6. Principal Office Address	City	State	Zip
80 failroad H.	central falls	RI	02863
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name	Contact Title		
Honley J. Wilcox X.	DWher	•	
Street Address D.D BOX 9162	Providence	State	02940
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		Date	,
Harvest Wilcox Jr.		2/19/	/25
Signature of Aluthorized Person		,	
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FILED 3.44

MAIL TO:

**Division of Business Services** 

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

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