State of Rhode Island Fee: \$50.00 Office of the Secretary of State Division Of Business Services 14% 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 thrity (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty tee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025 1. 1. ID No. 000553076 2. Exact Name of the Limited Liability Company MERCER SYSTEMS SERVICES LLC 3. State of Formation State: DE 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. 541612 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island CONSULTING SERVICES 5. Principal Office Address No. and Street: 1166 AVENUE OF THE AMERICAS SUITE 110 State: INY Zip: 10036 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: <t< th=""><th colspan="5"></th></t<>					
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. 000553076 2. Exact Name of the Limited Liability Company MERCER SYSTEMS SERVICES LLC 3. State of Formation State: DE 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. S41612 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island CONSULTING SERVICES Suite: I166 AVENUE OF THE AMERICAS SUITE 110 City or Town: NEW YORK State: NY Zip: 10036 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of				e: \$50.00	
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Contact Name: Contact Title:	-		State: <u>NY</u> Zip: <u>10036</u> Country	: <u>USA</u>	
	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
No. and Street: 1166 AVENUE OF THE AMERICAS	Contact Name: C	Contact Title:			
	No. and Street: 1	166 AVENUE OF THE AMERICAS			
SUITE 710 City or Town: NEW YORK State: NY Zip: 10036 Country: USA			State: <u>NY</u> Zip: <u>10036</u> Country	r: <u>USA</u>	

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 27 Day of February, 2025 at 4:25:44 PM 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 STACEY BUSCH

Signature of Authorized Person

Form No. 632 Revised 09/07

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