



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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.

FILED
MAR 14 2025 1P
BY *[Signature]*

1. Entity ID Number 001726391		2. Exact name of the Limited Liability Company Metamorphosis Management Group LLC	
3. NAICS Code 541618		4. Brief description of the character of business conducted in Rhode Island BUSINESS SERVICES, MANAGEMENT CONSULTING, EXECUTIVE COACHING, TRAINING & DEVELOPMENT	
5. State of Formation NY			
6. Principal Office Address 5 Rhode Island Ave		City Providence	State RI
Zip 02906			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Charles E Smith		Contact Title Member	
Street Address 5 Rhode Island Ave		City Providence	State RI
Zip 02906			
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 Charles E. Smith			Date 3/10/2025
Signature of Authorized Person <i>Charles E. Smith</i>			

MAIL TO:

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