Annual Report for the Limited Liability Co.	mpany	RECEIVED R.A. DEPT. OF STATE BUS SVCS DIV		
 → Filing period. February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31 		31.	2025 HAR 28 A	REC LUEPI SS S
1, Entity ID Number	2. Exact name of the Limited Li	2. Exact name of the Limited Liability Company		
307529	Madison Consulting Group, L.	Madison Consulting Group, LLC		
3. NAICS Code	4. Brief description of the chara	4. Brief description of the character of business conducted in Rhode Island		
541211	Accounting Practice	Accounting Practice		م بيا
5. State of Formation Rhode Island	-		_	-
6. Principal Office Address		City	State	Zip
889 Boston Neck Road		Narragansett	RI	02882
7. Mailing Address of Limite	ed Liability Company and Name or Titl	e of Contact Person		
Contact Name William T. Horan		Contact Title Member		
Street Address PO Box 678		City Narragansett	State RI	Zip 02882
	all of an and with the DI	Department of State is acc	urate. Changes requir	e filing Form 642.
8. The Resident Agent infor	rmation currently of record with the Ki	Department of Otate 19 acc	arate: energee rage	
8. The Resident Agent infor Under penalty of perjury,	I declare and affirm that I have example the contained herein are true	mined this report, includi		

FILED

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Signature of Authorized Person

Phone: (401) 222-3040 Website: www.sos.ri.gov

William T. Horan

APR 0.9 2025 -