

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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.

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1. Entity ID Number	2. Exact name of the Limite	2. Exact name of the Limited Liability Company				
001747999	VCYC CONSULT	VCYC CONSULTING LLC				
3. NAICS Code 541618	4. Brief description of the c	Brief description of the character of business conducted in Rhode Island CONSULTING				
5. State of Formation RI						
6. Principal Office Address		City	State	Zip		
597 WOODWARD RD		NO. PROVIDENCE	RI	02904		
7. Mailing Address of Limite	d Liability Company and Name of	Title of Contact Person				
Contact Name		Contact Title	•	•		
Vaneza Cabral		Owner /co-owner				
Street Address		City	State	Zip		
597 600	tward et	N. Acu.	RI	09904		
8. The Resident Agent infor	mation currently of record with the	e RI Department of State is accurate.	Changes requ	ire filing Form 642.		
	y, I declare and affirm that I hav tatements contained herein are	re examined this report, including true and correct.	any accompai	nying schedules and		
Name of Authorized Person			Date	, 1		
aesmia	_ (aba		463605			
Signature of Authorized Per	rson					
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MAIL TO:

Division of Business Services

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

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