RI SOS Filing Number: 202573722000 Date: 5/28/2025 4:00:00 PM



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

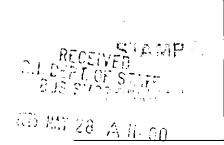
## Annual Report for the year: Limited Liability Company

2025

→ Filing period. February 1 - May 1

→ Filing Fee: \$50.00

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



| 1. Entity ID Number   | 12 Event some of the Limite  | ad Liability Company      |            | 1                    |
|---|--|---------------------------|------------|----------------------|
| · ·   | 2. Exact name of the Limited Liability Company                           |                           |            |                      |
| 1693901   | Reservoir Strategies, LLC  |                           |            | *<br><b>!</b>        |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |                           |            |                      |
| 541820  | Consulting   |                           |            |                      |
| 5. State of Formation   | 1  |                           |            | •                    |
| Rhode Island  |  |                           |            |                      |
| 6. Principal Office Address   |  | City                      | State      | Zip                  |
| One Park Row, 5th Floor   |  | Providence                | RI         | 02903                |
| 7. Mailing Address of Limited Li  | ability Company and Name or  | r Title of Contact Person | •          |                      |
| Contact Name Edward J. Galvin   |  | Contact Title President   |            |                      |
| Street Address One Park Row, 5th Floor  |  | City Providence           | State RI   | <sup>Zip</sup> 02903 |
| 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       |                      |
| Edward J. Galvin  |  |                           | 05/21/2025 |                      |
| Signature of Authorized Person  X Letture J Dan   |  |                           |            |                      |

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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