RI SOS Filing Number: 202578175810 Date: 9/12/2025 4:00:00 PM



## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company

2025

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→ Filing period: February 1 - May 1

Tiling Fee: \$50.00

→ Filing Fee: \$50.00

→ Penalty: Additional \$25 00 fee if form is not filed by May 31.

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| C. e. a. is v.  | Ta =  |                       |             |                      |
|---|---|-----------------------|-------------|----------------------|
| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                              |                       |             |                      |
| 001760286   | New Path Group LLC  |                       |             |                      |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                       |             |                      |
| 512110  | Management consulting and film production                                   |                       |             |                      |
| 5. State of Formation   |   |                       |             |                      |
| RI  |   |                       |             |                      |
| 6. Principal Office Address   |   | City                  | State       | Zip                  |
| 36 Cooper St.   |   | North Providence      | RI          | 02904                |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                       |             |                      |
| Contact Name Mark F Meagher   |   | Contact Title Owner   |             |                      |
| Street Address 36 Cooper St.  |   | City North Providence | State RI    | <sup>Zip</sup> 02904 |
| 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        |                      |
| Mark F Meagher  |   |                       | 10 Sep 2025 |                      |
| Signature of Authorized Person  |   |                       |             |                      |

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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

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