



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

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 AID SPAIN...

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|---|--------------------|---|--------------------|---------------------|-----|
| 1. Entity ID No. 519104 | | 2. Exact name of the limited liability company Risk Free Consultancy, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of business conducted in Rhode Island Business / IT Consulting. | | | |
| 5. Principal office address 10 Magnolia Lane | | City Coventry | State RI | Zip 02816 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON | | | | | |
| Contact Name Charles L. Nault | | Contact Title President | | | |
| Street Address 10 Magnolia Lane | | City Coventry | State RI | Zip 02816 | |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (X) BOX FOR ATTACHMENT <input type="checkbox"/> | | | | | |
| Manager Name Charles L. Nault | | Manager Name | | | |
| Street Address 10 Magnolia Lane | | Street Address | | | |
| City Coventry | State RI | Zip 02816 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

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BY CA 228323

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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.

Signature of Authorized Person

Date

CHARLES L. NAULT

Print or Type Name of Authorized Person

File Date _____
 Check No. _____
 By: _____
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