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	State of Rhode Island and Providence Plantations Department of State - Business Services Division
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Annual Report for the year: 2018 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

			· · · · · · · · · · · · · · · · · · ·					
•	Entity ID Number 2. Exact name of the Limited Liability Company							
1673121	Ve consulting L.L.C							
3. NAICS Code	B. NAICS Code 4. Brief description of the character of business conducted in Rhode Island							
541611	541611 BUSINESS CONSULTING							
5. State of Formation								
6. Principal Office Address		^ T	Cipy,	State	Zip			
62 EDUCAT			PORTEMOUTH	State 7	0287/			
7. Mailing Address of Limited Lia		and Name or Title						
Contact Name TOSN SGEE			CONTACTORETARY					
Street Address DUCTION			CIPORTSMOUTH	State .	Zip 0287/			
			ility Company, IF APPLICABLE - D	O NOT LIST ME	MBERS			
Manager Name ABO VA	ABIAPI	9.00	Manage Name SENEDETTU A. CEBILLI					
Street Address SEASIDE	= Ua.	2	Street Address SEASIOE DA					
MAMESTONN	State	0283(CITAMESTUNA		28283_			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
	Check the box to indicate an attachment							
9. Resident Agent in Rhode Islan	nd. This information	on is currently of rec	cord with the Department of State. Cha	inges require filing f	Form 642.			
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 A Date 12/24/18								
Signature of Authorized Person ENEDETTO A CERILLI								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov FILE:0

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