	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
Limited Liabil Annual Repor Filing Period: Feb	t	
to file its annual re	h R.I.G.L. 7-16-66(d), each limited liability company failing or refusing eport within thirty (30) days after the time prescribed by law (R.I.G.L. 7- oject to a penalty fee of \$25.00.	
ANNUAL REPOR	RT YEAR: <u>2022</u>	
1. ID No. <u>00</u>	01708140	
2. Exact Name of the Limited Liability Company David J. Shepherd, CPA, LLC		
3. State of Forr	nation	
State: <u>RI</u>		
ARTICLE III		
<u>9999999</u>	here. More information on <u>NAICS</u> can be found online.	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
ACCOUNTING	<u>G SERVICES</u>	
5. Principal Offi	ce Address	
No. and Street:	<u>2180 MENDON ROAD</u> SUITE 47	
City or Town:		try: <u>USA</u>
6. Mailing Addro	ess of Limited Liability Company and Name or Title of Contact Person:	
Contact Name:	DAVID J. SHEPHERD Contact Title:	
No. and Street:	154 BEAR HILL ROAD APT 1706 CUMPERIAND State: RL Zin: 02864 Co	
City or Town:	CUMBERLAND State: RI Zip: 02864 Compared to the compared	unitry: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
AMY E. STRATTON <u>4 RICHMOND SQUARE</u> SUITE 150 PROVIDENCE, <u>RI</u> 02906		
8. This report m	oust be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b	).

**Signed this 23 Day of March, 2022 at 11:03:28 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>DAVID J. SHEPHERD</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2022 State of Rhode Island All Rights Reserved