

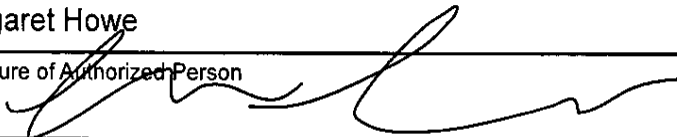


State of Rhode Island  
**Department of State - Business Services Division**

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 BUS SVCS DIV  
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**Annual Report for the year:** 2023  
**Limited Liability Company**

- 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 <b>001713819</b>		2. Exact name of the Limited Liability Company <b>The Outreach Team LLC</b>	
3. NAICS Code <b>541910</b>		4. Brief description of the character of business conducted in Rhode Island <b>PROVIDES FUNDRAISING AND DONOR DEVELOPMENT SERVICES</b>	
5. State of Formation <b>DE</b>			
6. Principal Office Address <b>407 COLLEGE AVENUE SUITE 349</b>		City <b>ITHACA</b>	State <b>NY</b>
		Zip <b>14850</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Clay Freed</b>		Contact Title <b>Manager</b>	
Street Address <b>407 COLLEGE AVENUE SUITE 349</b>		City <b>ITHACA</b>	State <b>NY</b>
		Zip <b>14850</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person <b>Margaret Howe</b>		Date <b>07.06.2023</b>	
Signature of Authorized Person 			

**FILED**

**JUL 24 2023**

**BY ML GMVQQ**

**12:01**

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov