RI SOS Filing Number: 202339717860 Date: 7/24/2023 12:00:00 PM



State of Rhode Island

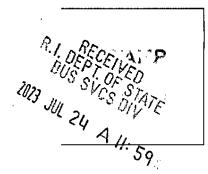
Department of State - Business Services Division

Annual Report for the year: $_{-}^{2022}$ **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 001713819	2. Exact name of the Limited Liability Company The Outreach Team LLC				
3. NAICS Code 541910 5. State of Formation DE	4. Brief description of the character of business conducted in Rhode Island PROVIDES FUNDRAISING AND DONOR DEVELOPMENT SERVICES				
6. Principal Office Address 407 COLLEGE AVENUE SUITE 349		City ITHACA	State NY	Zip 14850	
7. Mailing Address of Limited Lia	ability Company and Name or Title	of Contact Person	!	I	
Contact Name Clayt Freed		Contact Title Manager			
Street Address 407 COLLEGE AVENUE SUITE 349		City ITHACA	State NY	^{Zip} 14850	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing 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			Date	Date	
Margaret Howe			07.06.2023		
Signature of Authorized Person					

FILED

JUL 2 4 2023

BYML GMVQQ

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov