State of RI	node Island	Fee: \$50.00
	ecretary of State	,
Division Of B	usiness Services	
	iver Street	
	RI 02904-2615	
	22-3040	
Limited Liability Company Annual Report		
Filing Period: February 1 - May 1		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR 2023 : <u>2023</u>		
1. ID No. <u>001749794</u>		
2. Exact Name of the Limited Liability Company Advanced Educational Technologies, LLC		
3. State of Formation		
State: <u>MA</u>		
NAICS CODE		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>423490</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
SELLING EDUCATIONAL SYSTEMS		
5. Principal Office Address		
No. and Street: 47 WOOD AVE SUITE 2		
City or Town: <u>BARRINGTON</u>	State: <u>RI</u> Zip: <u>028</u>	806 Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: Contact Title:		
No. and Street: 47 WOOD AVE SUITE 2		
City or Town: <u>BARRINGTON</u>	State: <u>RI</u> Zip: <u>028</u>	806 Country: <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		
RESIDENT AGENTS INC. 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806		

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 15 Day of August, 2023 at 12:39:20 PM 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 **ROBIN JONES**

Signature of Authorized Person

Form No. 632 Revised 09/07

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