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## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company

2023

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BUS SVCS DIV CONCLUSIONS STATE

→ 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                  | 2. Exact name of the Limit   | ed Liability Company  |                   |                      |  |
|--------------------------------------|--|---|-------------------|----------------------|--|
| 001723498                            |  | Agile GxP Technologies, LLC.  |                   |                      |  |
| 3. NAICS Code 541511                 | i i  | Brief description of the character of business conducted in Rhode Island     RESEARCH AND DEVELOPMENT OF SOFTWARE AND METHODS |                   |                      |  |
| 5 State of Formation<br>Rhode Island |  | FULFILLING UNMET NEEDS IN PROCESS INDUSTRIES AND METHODS FOR THE AUTOMATIC GENERATION OF SAID SOFTWARE.                       |                   |                      |  |
| 6. Principal Office Address          |  | City  | State             | Zıp                  |  |
| 209 UNIVERSITY AVENUE                |  | PROVIDENCE  | RI                | 02906                |  |
| 7. Mailing Address of Limite         | ed Liability Company and Name o                                      | r Title of Contact Person   |                   |                      |  |
| Contact Name JOHN C. SPOHN           |  | Contact Title SOLE MEMBER   |                   |                      |  |
| Street Address 209 UNIVERSITY AVENUE |  | City PROVIDENCE   | State RI          | <sup>Zip</sup> 02906 |  |
| 8. The Resident Agent info           | mation currently of record with th                                   | e RI Department of State is accurate  | . Changes require | e filing Form 642.   |  |
|                                      | ry, I declare and affirm that I ha<br>tatements contained herein are | ve examined this report, including<br>true and correct.   | any accompany     | ring schedules and   |  |
| Name of Authorized Person            |  |   | Date              |                      |  |
| JOHN C. SPOHN                        |  | 11/13/2023  |                   |                      |  |
| Signature of Authorized Pe           | rson 1   |   | •                 |                      |  |
|                                      |  |   |                   |                      |  |

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MAIL TO:

**Division of Business Services** 

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

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