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ation was saved.

WOODLAND INVESTMENT CONSULTING LLC

(1) Address (do not use a P.O. Box): Number and Street 1:

State:

18 LINNET STREET

City:

Item 1 Identifying Information

Annual Amendment

ZIP+4/Postal Code:

Reference #: 3161466985192E83

WARNING: Complete this form truthfully. False statements or omissions may result in denial of your application, revocation of your registration, or criminal prosecution. You must keep this form updated by filing periodic amendments. See Form ADV General Instruction 4. Responses to this Item tell us who you are, where you are doing business, and how we can contact you. If you are filing an umbrella registration, the information in Item 1 should be provided for the filing adviser only. General Instruction 5 provides information to assist you with filing an umbrella registration. A. Your full legal name (if you are a sole proprietor, your last, first, and middle names): WOODLAND INVESTMENT CONSULTING LLC (1) Name under which you primarily conduct your advisory business, if different from Item 1.A. WOODLAND INVESTMENT CONSULTING LLC List on Section 1.B. of Schedule D any additional names under which you conduct your advisory business. (2) If you are using this Form ADV to register more than one investment adviser under an umbrella registration, check this box If you check this box, complete a Schedule R for each relying adviser. C. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.(1)), enter the new name and specify whether the name change is of \square your legal name or \square your primary business name: D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: (2) If you report to the SEC as an exempt reporting adviser, your SEC file number: (3) If you have one or more Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers: No CIK numbers found. Enter CIK E. (1) If you have a number ("CRD Number") assigned by the FINRA's CRD system or by the IARD system, your CRD number: 147885 If your firm does not have a CRD number, skip this Item 1.E. Do not provide the CRD number of one of your officers, employees, or affiliates. (2) If you have additional CRD Numbers, your additional CRD numbers: No additional CRD numbers found. Additional CRD Numbers Principal Office and Place of Business

Number and Street 2:

Country:

BOSTON	Massachusetts		United States	~	02132
If this address	is a private residence, o	check t	this box: <a> 		
List on Section	1.F. of Schedule D anv	office	, other than your principal off	ice and place of bus	siness, at which v
			u are applying for registration	•	
state securities	authorities, you must i	list all	of your offices in the state or	states to which you	u are applying for
registration or	with whom you are reg	istered	d. If you are applying for SEC	registration, if you	are registered on
with the SEC, o	or if you are reporting to	o the S	SEC as an exempt reporting a	dviser, list the large	est twenty-five of
in terms of num	nbers of employees as	of the	end of your most recently cor	mpleted fiscal year.	
(2) Days of week t	hat you normally condu	ıct bus	iness at your <i>principal office a</i>	and place of busine	ss:
Monday - F	riday Other:			•	
•	ss hours at this location	n:			
8AM TO 5PM					
(3) Telephone num	ber at this location:				
6179394415					
(4) Facsimile numb	per at this location, if ar	ny:			
(5) What is the tot	al number of offices of	her th	an your <i>principal office and pl</i>	ace of husiness at	which you conduc
			of your most recently complet		Willer you conduc
0	isor, susmoss as a cr	0 0	,	,	
NA :11: 1.1 ::6		. ,	· · · · · · · · · · · · · · · · · · ·		
Mailing address, if o	lifferent from your <i>princ</i>	cipal o	ffice and place of business ad	dress:	
Number and Street	: 1:		Number and Street 2:		
18 LINNET STREET					
City:	State:		Country:		ZIP+4/Postal Co
City: BOSTON If this address is a	State: Massachusetts private residence, chec	v	Country: United States box:	~	ZIP+4/Postal Co 02132
BOSTON If this address is a	Massachusetts private residence, chec	ck this	United States	y our <i>principal office</i>	02132
BOSTON If this address is a	Massachusetts private residence, checoprietor, state your full	ck this	United States box: ✓	v your <i>principal office</i>	02132
BOSTON If this address is a If you are a sole pro	Massachusetts private residence, checoprietor, state your full Item 1.F.:	ck this	United States box: ✓	y our <i>principal office</i>	02132
BOSTON If this address is a If you are a sole probusiness address in	Massachusetts private residence, checoprietor, state your full Item 1.F.:	ck this	United States box: ✓ nce address, if different from	your <i>principal office</i>	02132
BOSTON If this address is a If you are a sole probusiness address in Number and Street	Massachusetts private residence, checoprietor, state your full Item 1.F.:	ck this	United States box: nce address, if different from Number and Street 2:	v your <i>principal office</i>	02132 e and place of
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Name:		Other titles, if any:		
Telephone number	: :	Facsimile number, if any:		
Number and Stree	t 1:	Number and Street 2:		
City:	State:	Country: ZIP+4/F	Postal Co	de:
		<u> </u>		
(2) If your Chief Cc	ompliance Officer is comp	ompliance Officer has one: Densated or employed by any <i>person</i> other than you, a <i>related p</i> ensent Company Act of 1940 that you advise for providing one of the providing of t		- an
compliance officer s	services to you, provide t	the <i>person's</i> name and IRS Employer Identification Number (if a	any):	
IRS Employer Iden	tification Number:			
_		this Form ADV, you may provide that information here. Titles: PORTFOLIO MANAGER		
Telephone number 617-939-4415	-:	Facsimile number, if any: 617-327-7170		
Number and Stree		Number and Street 2:		
18 LINNET STREET	Γ			
City: BOSTON	State: Massachusetts	Country: ZIP+4/F ✓ United States ✓ 02132	Postal Co	de:
	mail) address, if contact			
			Yes	No
•		nd records you are required to keep under Section 204 of the re other than your <i>principal office and place of business</i> ?	0	•
If "yes," complete	Section 1.L. of Schedule	<u>D</u> .		
			Yes	No
Are you registered	with a foreign financial re	egulatory authority?	0	
	_	foreign financial regulatory authority, even if you have an affil authority. If "yes," complete <u>Section 1.M. of Schedule D</u> .	iate that	is
			Yes	No
Are you a public re	porting company under S	Sections 12 or 15(d) of the Securities Exchange Act of 1934?	0	
			Yes	Nc
		the last day of your most recent fiscal year?		

	If yes, what is the approximate amount of your assets:
	\$1 billion to less than \$10 billion
	\$10 billion to less than \$50 billion
	○ \$50 billion or more
	Clear
	For purposes of Item 1.0. only, "assets" refers to your total assets, rather than the assets you manage on behalf of clients. Determine your total assets using the total assets shown on the balance sheet for your most recent fiscal year end.
P.	Provide your <i>Legal Entity Identifier</i> if you have one:
	A <i>legal entity identifier</i> is a unique number that companies use to identify each other in the financial marketplace. You may not have a <i>legal entity identifier</i> .

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