



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of
Corporations L
148 W. River
Providence, RI 02904
401.22

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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.

1. ID No. <u>139267</u>		2. Exact name of the limited liability company <u>Fox Lawson + Associates, LLC</u>	
3. State of Formation <u>Minnesota</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Compensation and human resources consulting</u>	
5. Principal office address <u>1335 County Road D. Circle East</u>		City <u>ST. Paul</u>	State <u>mn</u>
		Zip <u>55109</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name <u>James C. Fox</u>		Contact Title <u>chair</u>	
Street Address <u>1335 County Road D. Circle East</u>		City <u>ST. Paul</u>	State <u>mn</u>
		Zip <u>55109</u>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. FILE IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642. R.I.G.L. 7-16-11.			
Agent Name		Address	
Address		City	Zip

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

Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all state contained herein are true and correct.

File Date 8-25-08
Check No. 5365
By: MMC

FOR SECRETARY OF STATE USE ONLY

8-25-08
5365
MMC

[Signature] 08/11/08
Signature of Authorized Person Date
James C. Fox
Print or Type Name of Authorized Person