



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2675  
401.222.3040

**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. 146486		2. Exact name of the limited liability company Radian Services LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Contract underwriting, quality control and other real estate related services			
5. Principal office address 1601 Market Street		City Philadelphia	State PA	Zip 19103	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert Radicioni		Contact Title Manager			
Street Address 1601 Market Street		City Philadelphia	State PA	Zip 19103	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Teresa Bryce		Manager Name Timothy Hunter			
Street Address 1601 Market Street		Street Address 1601 Market Street			
City Philadelphia	State PA	Zip 19103	City Philadelphia	State PA	Zip 19103
Manager Name Terry Latimer		Manager Name Robert Radicioni			
Street Address 1601 Market Street		Street Address 1601 Market Street			
City Philadelphia	State PA	Zip 19103	City Philadelphia	State PA	Zip 19103
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT Corporation		Address 10 Weybosset Street			
Address		City Providence	Zip 02903		

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

146486

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.

  
Signature of Authorized Person Date 8/22/08

Robert V. Radicioni  
Print or Type Name of Authorized Person

File Date 9-2-08  
Check No. 0001235225  
By: MNC  
FOR SECRETARY OF STATE USE ONLY