



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 02904-2615
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. 132454		2. Exact name of the limited liability company Preservation of Capital Management, L.L.C.	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Administration to G.P.	
5. Principal office address 7025 N Scottsdale Road, Suite 230		City Scottsdale	State AZ
		Zip 85253	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Paul W. Blavin		Contact Title Member	
Street Address 7025 North Scottsdale Road, Suite 230		City Scottsdale	State AZ
		Zip 85253	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL 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 Michael Spalter		Address	
Address 88 Williams Street		City Providence	Zip 02906

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

132454

FILED
File Date SEP 26 2008
Check No. 9813
By: <u>Michael Spalter</u>
FOR SECRETARY OF STATE USE ONLY

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 Michael Spalter Date 9/23/08

Michael Spalter

Print or Type Name of Authorized Person