



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

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*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.*

**ANNUAL REPORT YEAR:** 2008

**1. ID No.** 000183268

**2. Exact Name of the Limited Liability Company** Bridge Capital Services LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

NONE - BUSINESS NEVER STARTED DUE TO CHANGE IN BUSINESS CONDITIONS

**5. Principal Office Address**

No. and Street: 345 JUPITER LAKES BOULEVARD, SUITE 300

City or Town: JUPITER

State: FL Zip: 33458 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 345 JUPITER LAKES BOULEVARD, SUITE 300

City or Town: JUPITER

State: FL Zip: 33458 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	MATTHEW MARINI	345 JUPITER LAKES BOULEVARD, SUITE 300 JUPITER, FL 33458 USA
MANAGER	EUGENE STIX WEIL	4711 ESSEX AVENUE CHEVY CHASE, MD 20815 USA
MANAGER	JUSTIN FRANCIS WIESENBACHER	101 HARBOR WAY HOBE SOUND, FL 33455 USA
MANAGER	JEFFREY MICHAEL LEVINE	1627 DIPLOMAT DRIVE MIAMI, FL 33179 USA
MANAGER	JOHN JOSEPH NELLIGAN	404 DAHLIA AVENUE CORONA DEL MAR, CA 92625 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

**Signed this 2 Day of October, 2008 at 2:45:57 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ERIC SCHWEIZER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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