

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222,3040

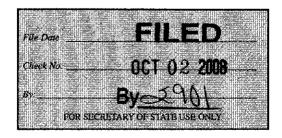
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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.	2. Exact name of the limit	t name of the limited liability company				
103642	The Farley Group,	arley Group, LLC				
3. State of Formation 4. Brief description of the character of the business wh			iness which is actually conducted in I	Rhode Island		
Rhode Island	Relocation s	ervices including corpo	rate planning & consulting se	ervices related to real es	state	
5. Principal office address			City	State	Zip	
210 Cole Avenue 26 L/S/ LANE			Providence	RI	02006 02904	
6. MAILING ADDRE	SS OF LIMITED LIAB	HITY COMPANY AND	NAME OR TITLE OF CONTA	CT PERSON:		
PATRICIA W. FARLEY			į.	Contact Title MANAGER		
Street Address			Gity			
Box 3			Chocorua	NH	03817	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABI						
7. NAME AND ADDI			LIABILITY COMPANY, IF A G ATTACHMENTS — ("X" BOX		LIST MEMBERS	
	******	A VEED BOLLAND GOLL		reconstruction and		
Manager Name Patricia W. Farley			Manager Name		220	
Street Address						
Box 3			Street Address		3 873	
City Chocorua	State NH	03817	CHŲ	State	Żip I I S C C C C C C C C C C C C C C C C C	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT	' IN RHODE ISLAND	- DO NOT ALTER - Ch	anges require filing of For	m 642 - R.I.G.L. 7-16-1		
Agent Name			Address	Address		
DAVID M. GILDEN, ESQ.			180 South Main St	180 South Main Street		
Address			City	Zip		
PROVIDENCE			Providence	02	2903	

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 report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person

PATRICIA W. FARLEY

Print or Type Name of Authorized Person