



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. 103642		2. Exact name of the limited liability company The Farley Group, LLC		
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Relocation services including corporate planning & consulting services related to real estate		
5. Principal office address 240 Cole Avenue 26 LISI LANE		City Providence	State RI	Zip 02906 02904
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name PATRICIA W. FARLEY		Contact Title MANAGER		
Street Address Box 3		City Chocorua	State NH	Zip 03817
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 Patricia W. Farley		Manager Name		
Street Address Box 3		Street Address		
City Chocorua	State NH	Zip 03817	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name DAVID M. GILDEN, ESQ.		Address 180 South Main Street		
Address PROVIDENCE		City Providence	Zip 02903	

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

File Date	FILED
Check No.	OCT 02 2008
By	By 2901
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.

Patricia W. Farley Sept. 19, 2008
Signature of Authorized Person Date
PATRICIA W. FARLEY
Print or Type Name of Authorized Person