



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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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)(v)) is subject to a penalty fee of \$25.00.

1. ID No. 147825		2. Exact name of the limited liability company IPA Advisory & Intermediary Services, LLC			
3. State of Formation Nevada		4. Brief description of the character of the business which is actually conducted in Rhode Island Management consulting services.			
5. Principal office address 1250 Barclay Boulevard		City Buffalo Grove		State IL	Zip 60089
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Gregg Steinberg			Contact Title Manager		
Street Address 1250 Barclay Boulevard		City Buffalo Grove		State IL	Zip 60089
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 Gregg Steinberg			Manager Name John Burgess		
Street Address 1250 Barclay Boulevard		Street Address 1250 Barclay Boulevard			
City Buffalo Grove	State IL	Zip 60089	City Buffalo Grove	State IL	Zip 60089
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

147825

FILED	
File Date	OCT 17 2008
Check No.	By 2884
By	
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

Date

Manager

Print or Type Name of Authorized Person