RI SOS Filing Number: 200838167450 Date: 12/02/2008 4:00 PM

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.	2. Exact name of the limited liability company
150374	Star Referral Network, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	Conducting a limited function real estate referral office

5. Principal office address	City	State	Zip
2 Energy Way	West Warwick	Rhode Island	02893

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
David Arpin	Manager

Street Address	City	State	Zip
2 Energy Way	West Warwick	Rhode Island	02893

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) ☐

Manager Name	Manager Name
David Arpin	Peter Arpin
Street Address	Street Address
2 Energy Way	2 Energy Way
City / State / Zip	City / State / Zip
West Warwick / Rhode Island / 02893	West Warwick / Rhode Island / 02893
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / 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	Address	
Marco P. Uriati, Esq.		
Address	City	Zip
99 James P. Murphy Highway	West Warwick	02893

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

150374

FILED
File Date DEC 02 2008
Check No. RV 34811
By:
FOR SECRETARY OF STATE USE ONLY
2838S2-305884

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*

David Arpin
Print or Type Name of Authorized Person

Form 632 Rev. 07/07