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
151065	Global Equity Advisors LLC
3. State of Formation: RI	4. Brief description of the character of the business which is actually conducted in Rhode Island: Registered Investment Advisor Firm

5. Principal office address: 694 Main Street | City: East Greenwich | State: RI | Zip: 02818

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

Contact Name: Eduard Hamamjian | Contact Title: Managing Director

Street Address: 694 Main Street | City: East Greenwich | State: RI | Zip: 02818

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
Street Address	Street Address
City / State / Zip	City / State / Zip
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
Address	City / Zip

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2009 APR -9 AM 10:37

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

[redacted]

FILED
File Date: APR 09 2009 10:37
Check No.: By 0866337
By: KML
FOR SECRETARY OF STATE USE ONLY

[redacted]

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: 3-25-09

Eduard Hamamjian
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 07/07