State of Rhode Island
and Providence Plantations
Office of the Secretary of State

UPDATE 2008

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 _____

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&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company
000157810	SINE CERA LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	SAVINGS CONSULTATION AND INVESTMENT PORTFOLIO MANAGEMENT

5. Principal office address	City	State	Zip
379 BROADWAY	PROVIDENCE	RI	02909

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

Contact Name	Contact Title
BRUCE C REAM	MANAGING MEMBER

Street Address	City	State	Zip
379 BROADWAY	PROVIDENCE	RI	02909

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	Street Address	City	State	Zip
BRUCE C REAM	155 5TH STREET	PROVIDENCE	RI	02909

Manager Name	Street Address	City	State	Zip

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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

UPDATE 2008

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

[redacted] 000157810 [redacted]

File Date	FILED
Check No.	AUG 26 2009
By:	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.

X Bruce C. Ream 8-23-09
Signature of Authorized Person *Date*

[redacted] X Bruce C. Ream
Print or Type Name of Authorized Person

Form 632 Rev. 08/08