



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 2009

**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.

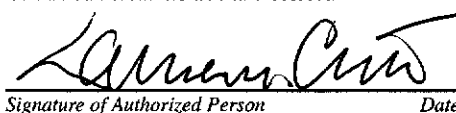
|                                                                                                                                                                                                             |       |                                                                                                                           |                             |       |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------|-----|
| 1. ID No.<br>101777                                                                                                                                                                                         |       | 2. Exact name of the limited liability company<br>The Alliance for Art and Architecture, LLC                              |                             |       |     |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                       |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Art and Architecture |                             |       |     |
| 5. Principal office address<br>Vernon Court, 492 Bellevue Avenue                                                                                                                                            |       | City<br>Newport                                                                                                           | State<br>RI<br>Zip<br>02840 |       |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                        |       |                                                                                                                           |                             |       |     |
| Contact Name<br>Laurence Cutler                                                                                                                                                                             |       | Contact Title                                                                                                             |                             |       |     |
| Street Address<br>Vernon Court, 492 Bellevue Avenue                                                                                                                                                         |       | City<br>Newport                                                                                                           | State<br>RI<br>Zip<br>02840 |       |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> |       |                                                                                                                           |                             |       |     |
| 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                                                                                                                                                                           |       |                                                                                                                           |                             |       |     |
| 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).

101777

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|---------------------------------|--|
| <b>FILED</b>                    |  |
| File Date<br>AUG 28 2009        |  |
| Check No.<br>03403              |  |
| 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.

 8/20/2009  
Signature of Authorized Person Date

LAURENCE S. CUTLER  
Print or Type Name of Authorized Person