

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&c)) is subject to a penalty fee of \$25,00.

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1.1D.No. 39980	2. Exact name of the limited liability company Rawll Law Offices LCC					
3. State of Formation 4. Brief description of the character of the pusiness who Practice				tch is actually conducted in Rhode Island		
5. Principal office address 238 1205 (NSON ST			Watefield	State RI	02879	
6. MAILING ADDRESS	S OF LIMITED LIAB	ILITY COMPANY AN	ID NAME OR TITLE OF CONTA	ACT PERSON:		
Contact Name Robert J. Ramu			Contact Title MCM	City Wate Fre & State PI 210 028.79		
Street Address 238 Robinson St			"Wate re	eld state PI	DZ8.79	
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	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zτρ	
Manager Name			Manager Name	Manager Name		
Street Address			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).

	9-14.19
File Date	
Check No.	5867
Ву:	mnc
	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

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Print or Type Name of Authorized Person

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