



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)(7)) is subject to a penalty fee of \$25.00.

1. ID No. 159432		2. Exact name of the limited liability company RS Partners, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Consulting Services			
5. Principal office address 150 Admiral Kalbfus Road		City Newport	State Rhode Island	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Diane S. Hurley			Contact Title Member		
Street Address 150 Admiral Kalbfus Road		City Newport	State Rhode Island	Zip 02840	
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) <input type="checkbox"/>					
Manager Name Diane S. Hurley			Manager Name W. Glen Dempsey		
Street Address 150 Admiral Kalbfus Road			Street Address 505 South Flagler Drive, Ste. 1330		
City Newport	State Rhode Island	Zip 02840	City West Palm Beach	State Florida	Zip 33401
Manager Name Arthur W. Silvester, Jr.			Manager Name Georgia Hartland		
Street Address 1990 N.E. Ocean Boulevard			Street Address 2374 East Lake Creek Drive		
City Stuart	State Florida	Zip 34996	City Edwards	State Colorado	Zip 81632
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).

159432

File Date	9-18-09
Check No.	522
By:	<i>mnc</i>
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.

Diane S. Hurley 9.14.09
Signature of Authorized Person Date
Diane S. Hurley
Print or Type Name of Authorized Person