



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

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. 110334 | | 2. Exact name of the limited liability company Colby Associates, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGEMENT CONSULTANT | | | |
| 5. Principal office address 120 White Birch Circle | | City Hope | State RI | Zip 02831 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Anthony Emma | | | Contact Title | | |
| Street Address 120 White Birch Circle | | City Hope | State RI | Zip 02831 | |
| 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 Anthony Emma | | | Manager Name | | |
| Street Address 120 White Birch Circle | | Street Address | | | |
| City Hope | State RI | Zip 02831 | 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 Steven I. Rosenbaum, Esq. | | | Address 30 Exchange Terrace | | |
| Address POORE & ROSENBAUM LLP | | City Providence | Zip 02903 | | |

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

110334

| | |
|---------------------------------|------------|
| File Date | 9-21-09 |
| Check No. | 664 |
| By: | <i>mmc</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.

[Signature] 9/10/09
Signature of Authorized Person Date
Anthony Emma
Print or Type Name of Authorized Person