RI SOS Filing Number: 200951566640 Date: 09/21/2009 4:00 PM

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

1. ID No.	2. Exact name of the limited liability company
136485	Motley Rice LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
South Carolina	Legal services.

5. Principal office address	City	State	Zip
28 Bridgeside Blvd.	Mt. Pleasant	SC	29464

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

Contact Name	Contact Title
Joseph F. Rice	Manager

Street Address	City	State	Zip
28 Bridgeside Blvd.	Mt. Pleasant	SC	29464

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
Ronald L. Motley	28 Bridgeside Blvd.	Mt. Pleasant	SC	29464
Joseph F. Rice	28 Bridgeside Blvd.	Mt. Pleasant	SC	29464
John J. McConnell, Jr.	321 South Main St.	Providence	RI	02903
William H. Narwold	One Corporate Center, 20 Church St., 17th Floor	Hartford	CT	06103

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).

136485

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.

Joseph F. Rice 9/16/2009
Signature of Authorized Person *Date*

Joseph F. Rice, Manager
Print or Type Name of Authorized Person

File Date 9-21-09
Check No. 047835
By: mnc

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38357-17-431853

Form 632 Rev. 08/08