

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. 188530		name of the limited liability company R. Merlino, Esq., LLC					
3. State of Formation Rhode Island 4. Brief description of the characte Investment opportunitie		of the character of the hus opportunities and ar	ter of the husiness which is actually conducted in Rhode Island es and any other lawful purpose.				
5. Principal office address 15 Mallard Cove Way				Gity Barrington	State Rhode Island	<i>Zip</i> 02806	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Paul R. Merlino				NAME OR TITLE OF CONTAC	Contact Title		
Street Address 15 Mallard Cove Way				^{City} Barrington	State Rhode Island	02806	
7. NAME AND ADD	RESS OF	EACH MANAG	GER OF THE LIMITEI PACES BEFORE USIN	D LIABILITY COMPANY, IF AF NG ATTACHMENTS ("X" BOX	PPLICABLE - DO NOT LIS FOR ATTACHMENT)	T MEMBERS	
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
City		State	Zip	City	State	Zip	
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
City		State	Zip	City	State	Zip	
8. RESIDENT AGEN This information is co			Office of the Secretary	of State. Changes require filing o	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).

188530

File Date	10-15-09
Check No.	6559
Ву:	mnc
l	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

Paul R. Merlino

Print or Type Name of Authorized Person