



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. 145123		2. Exact name of the limited liability company TERCET CAPITAL, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ENGAGE IN THE BUSINESS OF LICENSING, SUBLICENSING AND OTHERWISE DEAL IN AND WITH METHODOLOGIES AND PROGRAMS RELATED TO INVESTMENT STRATEGIES AND PROGRAMS	
5. Principal office address 37 THURBER BOULEVARD, SUITE 108		City SMITHFIELD	State RI
		Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert Lamb		Contact Title	
Street Address 37 THURBER BOULEVARD, SUITE 108		City SMITHFIELD	State RI
		Zip 02917	
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 NONE		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name E. COLBY CAMERON		Address	
Address 301 PROMENADE STREET		City PROVIDENCE	Zip 02908

FILED

OCT 27 2009

By 102365

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

145123

File Date	2009 OCT 27 PM 12:26
Check No.	RECEIVED
By:	SECRETARY OF STATE
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

10/22/2009
Date

ROBERT C. LAMB, JR., PRESIDENT

Print or Type Name of Authorized Person