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.	2. Exact name of the limited liability company
145123	TERCET CAPITAL, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
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	City	State	Zip
37 THURBER BOULEVARD, SUITE 108	SMITHFIELD	RI	02917

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

Contact Name	Contact Title
Robert Lamb	

Street Address	City	State	Zip
37 THURBER BOULEVARD, SUITE 108	SMITHFIELD	RI	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	Street Address	City	State	Zip
NONE				

Manager Name	Street Address	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	Address	City	Zip
E. COLBY CAMERON	301 PROMENADE STREET	PROVIDENCE	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

2009 OCT 27 PM 12:26
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

File Date _____
Check No. _____
By: _____
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* 10/22/2009

ROBERT C. LAMB, JR., PRESIDENT
Print or Type Name of Authorized Person

Form 632 Rev. 07/07