



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. <u>331099</u>		2. Exact name of the limited liability company <u>Assets Recovery & Investigative Research LLC.</u>		
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Real Estate</u>		
5. Principal office address <u>429 Woonasquatucket Rd.</u>		City <u>No. Pw.</u>	State <u>RI</u>	Zip <u>02911</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <u>Teofilo Regus</u> Contact Title _____				
Street Address <u>429 Woonasquatucket Rd.</u>		City <u>No. Pw.</u>	State <u>RI</u>	Zip <u>02911</u>
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 <u>Teofilo Regus</u>		Manager Name _____		
Street Address <u>429 Woonasquatucket Rd.</u>		Street Address _____		
City <u>No. Pw.</u>	State <u>RI</u>	Zip <u>02911</u>	City _____	State _____
Manager Name _____		Manager Name _____		
Street Address _____		Street Address _____		
City _____	State _____	Zip _____	City _____	State _____
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11		Agent Name <u>Teofilo Regus</u> Address _____		
Address <u>429 Woonasquatucket Rd.</u>		City <u>No. Pw.</u>	Zip <u>02911</u>	

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

FILED

DEC 15 2009

By [Signature]

09-106/26

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]
Signature of Authorized Person

12/15/09
Date

Teofilo Regus
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____

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