RALPH MOIL	State of Rhode Island and Pro Office of the Secreta	
T TO	Division Of Business	Services
	148 W. River S	
u	Providence RI 029	
50 50	(401) 222-304	
etary of St	(101) 222 30	
_imited Liability Com	ipany	
Annual Report		
-iling Period: September 1	- November 1	
n accordance with PICI	7-16-66(d), each limited liability com	nany failing or refusing to
	thirty (30) days after the time prescribe	
7-16-66(b&c)) is subject to		
	2010	
ANNUAL REPORT YEAR:	2010	
1. ID No. <u>000508004</u>	:	
2. Exact Name of the Li	mited Liability Company <u>Thorough</u>	bred Financial Services, LLC
3. State of Formation		
State: <u>TN</u>		
Investment Firm. 5. Principal Office Addre	22	
	33	
No. and Street: 5110	) MARYLAND WAY	
SUI	<u>FE 300</u>	
City or Town: <u>BRE</u>	ENTWOOD Stat	e: $\underline{\text{TN}}$ Zip: $\underline{37027}$ Country: $\underline{\text{USA}}$
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:
Contact Name: DANIEL	KELLY Contact Title: VP OPERATIC	INS
	IARYLAND WAY, SUITE 300	
	ГWOOD	State: TN Zip: 37027 Country: USA
		<u> </u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Applicable.
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	THOMAS J. PARKER	5110 MARYLAND WAY, SUITE 300 BRENTWOOD, TN 37027 USA
		1
8. RESIDENT AGENT IN F		
	KHODE ISLAND - DO NOT ALTER	
Changes Require Filin	g of Form 642 - R.I.G.L. 7-16-11	

NATIONAL CORPORATE RESEARCH, LTD. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

**Signed this 16 Day of September, 2010 at 11:02:04 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By DANIEL KELLY

Signature of Authorized Person

Form No. 632 Revised 09/07

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