RALPH MO		Island and Prove of the Secretary	idence Plantations of State	S Fee: \$50.0	
of the tary of the		vision Of Business S 148 W. River Stre rovidence RI 02904 (401) 222-3040	eet -2615		
imited Liabili					
Innual Repor	t tember 1 - November 1				
ile its annual repo	n R.I.G.L. 7-16-66(d), each i rt within thirty (30) days afte ubject to a penalty fee of \$2	er the time prescribed			
ANNUAL REPOR	T YEAR: <u>2010</u>				
1. ID No. <u>00</u>	0 <u>109370</u>				
2. Exact Name	of the Limited Liability Co	ompany <u>HARBOR\</u>	VIEW CONSULTING	<u>, LLC</u>	
3. State of Form	nation				
State: <u>RI</u>					
5. Principal Offic					
No. and Street:	<u>194 SUMMIT VIEW I</u>		7:	Country LICA	
City or Town:	WICKFORD	State: <u>R1</u>	Zip: <u>02852-4822</u>	Country: <u>USA</u>	
Contact Name: No. and Street: City or Town:	ess of Limited Liability Co JOHN J. SCHIBLER Contac <u>194 SUMMIT VIEW I</u> <u>WICKFORD</u>	et Title: <u>PR</u> <u>ANE</u> State: <u>RI</u>	Zip: <u>02852-4822</u>	Country: <u>USA</u>	
7. Name and Ad DO NOT LIST	dress of Each Manager o MEMBERS	f the Limited Liabili	ty Company, if Applic	able.	
Title		al Name	Addres		
	First, Middle	First, Middle, Last, Suffix		Address, City or Town, State, Zip Code, Country	
	ENT IN RHODE ISLAND - uire Filing of Form 642 - R				
JOHN J. SCHIE	BLER 194 SUMMIT VIEW LA	ANE WICKFORD , RI	<u>02852-</u>		
9. This report m	ust be executed by an aut	horized person pur	suant to R.I.G.L. 7-16-	66 (b).	

Signed this 18 Day of September, 2010 at 3:47:03 PM 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 JOHN J. SCHIBLER Signature of Authorized Person

Form No. 632 Revised 09/07

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