



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 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 000230341		2. Exact name of the limited liability company EXECUTIVE TECHNOLOGY PARTNERS, LLC.			
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island Executive level consulting.			
5. Principal office address 1495 Newport Avenue		City Pawtucket,	State R.I.	Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ralph R. Ryan, Esq.			Contact Title Resident agent		
Street Address 1495 Newport Ave.		City Pawtucket	State RI	Zip 02861	
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			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND Ralph R. Ryan, Esq., 1495 Newport Ave., Pawtucket, RI This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 02861					

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

File Date **FILED**

Check No. **SEP 21 2010**

By: **1279**

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] 9-13-10
Signature of Authorized Person Date
JEFFREY AUGUS
Print or Type Name of Authorized Person