	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	 LOGOUT



ANNUAL REPORT YEAR: 2010
1. ID No. <u>000083244</u>
2. Exact Name of the Limited Liability Company <u>D.W. Balfour Associates, LLC</u>
3. State of Formation State: <u>RI</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MARKETING, PUBLIC RELATIONS
5. Principal Office Address No. and Street: <u>P.O. BOX 7415</u> City or Town: <u>CUMBERLAND</u> State: <u>RI</u> Zip: <u>02864</u> Country: <u>US/</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>David W. Balfour</u> Contact Title: <u>President</u> No. and Street: <u>281 ABBOTT RUN VALLEY ROAD</u> City or Town: <u>CUMBERLAND</u> State: <u>RI</u> Zip: <u>02864</u> Country: <u>US/</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

FILED

SEP 29 2010

By MME

CA # 3995

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
 Address: _____ City: _____ State: _____ Zip: _____ Country: _____
Clear Add

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DAVID W. BALFOUR SR. 281 ABBOTT RUN VALLEY ROAD CUMBERLAND, RI 02864

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: DAVID W. BALFOUR, SR.

Business Name: D. W. Balfour Associates

No. and Street: 281 ABBOTT RUN VALLEY RD, Resident/Registered Agent

City or Town: CUMBERLAND State: RI Zip: 02864 Country: US

Contact Phone: (401) 333-6293 ext:

Contact Email: david.balfour@cox.net

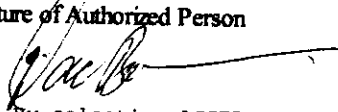
Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 25 Day of September, 2010 at 2:16:55 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 David W. Balfour

Signature of Authorized Person



By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this filing

Accept

Decline

Click [HERE](#) to Submit This Information

Form No. 632
 Revised 09/07

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