RI SOS Filing Number: 201067965620 Date: 10/05/2010 4:00 PM

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

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.	2. Exact name of the limited liability company
152455	MANDEL & TRACY, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWN AND OPERATE A PUBLIC ACCOUNTING PRACTICE

5. Principal office address	City	State	Zip
589 ATWELLS AVENUE, SUITE 200	PROVIDENCE	RI	02909

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
KATHRYN B. MANDEL	

Street Address	City	State	Zip
589 ATWELLS AVENUE, SUITE 200	PROVIDENCE	RI	02909

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) ☐

Manager Name	Manager Name
NONE	
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 - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address		
E. COLBY CAMERON, ESQ.			
Address	City	Zip	
301 PROMENADE STREET	PROVIDENCE	02908	

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

[redacted] 152455 [redacted]

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 of Authorized Person *Date* 9/23/2010

KATHRYN B. MANDEL, SECRETARY
Print or Type Name of Authorized Person

[redacted]

File Date FILED
Check No.
OCT 05 2010
By:
By 21281 26
FOR SECRETARY OF STATE USE ONLY
53686-11-555366

Form 632 Rev. 07/07