RI SOS Filing Number: 201068020580 Date: 10/07/2010 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* • **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.	2. Exact name of the limited liability company
160260 ~~6N7VA~~ 1	J. R. SQUADRITO CONSULTANTS LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
R. I.	BUSINESS CONSULTANT

5. Principal office address	City	State	Zip
10 Belle Isle Way	CRANSTON	R. I.	02921

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

Contact Name	Contact Title		
James R. SQUADRITO	President / OWNER		
Street Address	**City**	**State**	**Zip**
SAME AS ABOVE			

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
James R SQUADRITO	
Street Address	Street Address
SAME AS ABOVE	
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
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

2010 OCT -7 A 11:05

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

[redacted]

FILED

File Date OCT 07 2010

Check No. C 128287

By:

FOR SECRETARY OF STATE USE ONLY

53734-1-558714

[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* 10/5/10

James R SQUADRITO

Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 08/08