

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. 164952		name of the limited liability company Ianagement Partners, LLC					
3. State of Formation RHODE ISLAND 4. Brief description of the character of the busin				usiness which is actually conducted in Rhod NT	de Island		
5. Principal office address 111 CHESTNUT STREET				PROVIDENCE	State RI	^{Zip} 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND I Contact Name DOUGLAS BROWN				NAME OR TITLE OF CONTACT PERSON: Contact Title			
Street Address 111 CHESTNUT STREET				City PROVIDENCE	State RI	^{Zip} 02903	
7. NAME AND AI	DRESS OF			ED LIABILITY COMPANY, IF APP ING ATTACHMENTS ('X" BOX FO			
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
City		State	Zip	City	State	Zip	
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
City		State	Zip	City	State	Zip	
Cuy		İ		:			
8. RESIDENT AG			Office of the Secretary	: of State. Changes require filing of I	Form 642 BIGI 7	16-11 23	

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

	164952
	FILED
File Date	NOV 3 0 2010
Check No.	BY
,	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 of Authorized Person

Douglas Brown

Print or Type Name of Authorized Person