



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)(6)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |             |                                                                                                                                                                                                                                         |                                                  |              |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------|--------------|
| 1. ID No.<br>105912                                                                                                                                                                                           |             | 2. Exact name of the limited liability company<br>Cornerstone Investment Services, LLC                                                                                                                                                  |                                                  |              |              |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Buying and Selling Investment Securities (Stocks, Bonds, Mutual Funds) for Investors also financial retirement and estate planning |                                                  |              |              |
| 5. Principal office address<br>245 Waterman Avenue, Suite 301                                                                                                                                                 |             | City<br>Providence                                                                                                                                                                                                                      | State<br>RI                                      | Zip<br>02906 |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |             |                                                                                                                                                                                                                                         |                                                  |              |              |
| Contact Name<br>John J. Riley                                                                                                                                                                                 |             |                                                                                                                                                                                                                                         | Contact Title                                    |              |              |
| Street Address<br>PO BOX 4923                                                                                                                                                                                 |             | City<br>Rumford                                                                                                                                                                                                                         | State<br>RI                                      | Zip<br>02916 |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |                                                                                                                                                                                                                                         |                                                  |              |              |
| Manager Name<br>John J. Riley                                                                                                                                                                                 |             |                                                                                                                                                                                                                                         | Manager Name<br>Susan M. Riley                   |              |              |
| Street Address<br>245 Waterman Avenue, Suite 301                                                                                                                                                              |             |                                                                                                                                                                                                                                         | Street Address<br>245 Waterman Avenue, Suite 301 |              |              |
| City<br>Providence                                                                                                                                                                                            | State<br>RI | Zip<br>02906                                                                                                                                                                                                                            | City<br>Providence                               | State<br>RI  | Zip<br>02906 |
| Manager Name<br>Richard Nadeau, Jr.                                                                                                                                                                           |             |                                                                                                                                                                                                                                         | Manager Name<br>James R. Simmons                 |              |              |
| Street Address<br>56 Pine Street                                                                                                                                                                              |             |                                                                                                                                                                                                                                         | Street Address<br>56 Pine Street                 |              |              |
| City<br>Providence                                                                                                                                                                                            | State<br>RI | Zip<br>02903                                                                                                                                                                                                                            | City<br>Providence                               | State<br>RI  | Zip<br>02903 |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>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                                   |             |                                                                                                                                                                                                                                         |                                                  |              |              |

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

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|---------------------------------|------------------------|
| File Date                       | DEC 10 2010            |
| Check No.                       | By <u>MNS</u>          |
| By:                             | <u>A 22710 P 22714</u> |
| 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

John J. Riley

Date

10/27/2010

Print or Type Name of Authorized Person