



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

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2010

1. ID No. 000509920

2. Exact Name of the Limited Liability Company Ortiz & Associates, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Agora Career Academy, a DBA of Ortiz & Associates, is a training institution that offers computer skills, English as a Second Language (ESL) and job readiness skills. Our primary constituency consists of unemployed or underemployed Rhode Island residents who want to upgrade their skills in order to transition out of manufacturing jobs. The programs offered by Agora have been certified under WIA and RIW.

5. Principal Office Address

No. and Street: 190 BROAD STREET, SUITE 1 EAST

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: B. ORTIZ Contact Title: GENERAL MANAGER

No. and Street: 190 BROAD STREET

SUITE 1 EAST

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

BEATRIZ ORTIZ 390 HOPE STREET PROVIDENCE , RI 02906

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

Signed this 8 Day of June, 2011 at 5:52:51 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 BEATRIZ ORTIZ
Signature of Authorized Person

Form No. 632
Revised 09/07

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