



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 2011

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. 486821		2. Exact name of the limited liability company PROMNOTE PROFESSIONALS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DOCUMENT PREPARATION COMPANY	
5. Principal office address 303 JEFFERSON BLVD		City WARWICK	State RI
		Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name VINCENT J. MITCHELL		Contact Title MANAGER	
Street Address 303 JEFFERSON BLVD		City WARWICK	State RI
		Zip 02888	
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) <input type="checkbox"/>			
Manager Name VINCENT J. MITCHELL		Manager Name	
Street Address 303 JEFFERSON BLVD		Street Address	
City WARWICK	State RI	Zip 02888	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 VINCENT J. MITCHELL, ESQ.		Address	
Address 303 JEFFERSON BLVD		City WARWICK, RI	Zip 02888

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

486821
FILED

File Date	SEP 01 2011
Check No.	By <u><i>[Signature]</i></u>
By:	<u>223</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] 8/25/11
Signature of Authorized Person Date

VINCENT J. MITCHELL

Print or Type Name of Authorized Person