RALPH MO	St	ate of Rhode Islar Office of tl	nd and Provid he Secretary (		Fee: \$50.0
	22	148 Provide	o Of Business Sen 3 W. River Stree ence RI 02904-2	t	
retary of S		(4	01) 222-3040		
imited Liabili	ity Comp	any			
Annual Repor Filing Period: Sept		November 1			
ile its annual repo	ort within th	7-16-66(d), each limiteo irty (30) days after the a penalty fee of \$25.00.			
ANNUAL REPOR	RT YEAR: 2	2011			
1. ID No. <u>000</u>	0109370				
2. Exact Name	of the Lim	ited Liability Compa	ny <u>HARBORVI</u>	EW CONSULTING	, LLC
3. State of Form	nation				
State: RI					
State: <u>RI</u> 4. Brief Descript	tion of the	Character of the Bus	iness Which is <i>i</i>	Actually Conducted i	n Rhode Island
4. Brief Descript	AND AD	VISORY SERVICE		Actually Conducted i	n Rhode Island
4. Brief Descript CONSULTING 5. Principal Offic	AND AD	DVISORY SERVICE	<u>s</u>	Actually Conducted i	n Rhode Island
<ol> <li>Brief Descript</li> <li>CONSULTING</li> <li>Principal Official</li> <li>No. and Street:</li> </ol>	AND AE ce Addres <u>194 SU</u>	DVISORY SERVICE s MMIT VIEW LANE	<u>s</u>	-	
<ol> <li>Brief Descript</li> <li>CONSULTING</li> <li>Principal Offic</li> <li>No. and Street:</li> <li>City or Town:</li> </ol>	AND AE ce Addres <u>194 SU</u> <u>WICKI</u>	DVISORY SERVICE s MMIT VIEW LANE FORD	<u>S</u> State: <u>RI</u>	Zip: <u>02852-4822</u>	Country: <u>USA</u>
<ol> <li>Brief Descript</li> <li>CONSULTING</li> <li>Principal Offic</li> <li>No. and Street:</li> <li>City or Town:</li> </ol>	AND AE ce Addres <u>194 SU</u> <u>WICKI</u>	DVISORY SERVICE s MMIT VIEW LANE	<u>S</u> State: <u>RI</u>	Zip: <u>02852-4822</u>	Country: <u>USA</u>
<ol> <li>4. Brief Descript</li> <li><u>CONSULTING</u></li> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Addreet</li> <li>Contact Name:</li> </ol>	AND AE ce Addres <u>194 SU</u> <u>WICKI</u> ess of Lim	OVISORY SERVICE s <u>MMIT VIEW LANE</u> FORD ited Liability Compar <u>CHIBLER</u> Contact Title	State: <u>RI</u> y and Name or <u>PRESIDENT</u>	Zip: <u>02852-4822</u>	Country: <u>USA</u>
<ol> <li>4. Brief Descript</li> <li>CONSULTING</li> <li>5. Principal Offic</li> <li>No. and Street: City or Town:</li> <li>6. Mailing Addreet</li> <li>Contact Name: No. and Street:</li> </ol>	AND AE ce Addres <u>194 SU</u> <u>WICKI</u> ess of Lim <u>JOHN J. S</u> <u>194 SU</u>	OVISORY SERVICE s <u>MMIT VIEW LANE</u> FORD ited Liability Compar <u>CHIBLER</u> Contact Title <u>MMIT VIEW LANE</u>	State: <u>RI</u> State: <u>RI</u> by and Name or : <u>PRESIDENT</u>	Zip: <u>02852-4822</u> Title of Contact Pers	Country: <u>USA</u> on:
<ol> <li>Brief Descript</li> <li>CONSULTING</li> <li>Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>Mailing Addreet</li> </ol>	AND AE ce Addres <u>194 SU</u> <u>WICKI</u> ess of Lim	OVISORY SERVICE s <u>MMIT VIEW LANE</u> FORD ited Liability Compar <u>CHIBLER</u> Contact Title <u>MMIT VIEW LANE</u>	State: <u>RI</u> y and Name or <u>PRESIDENT</u>	Zip: <u>02852-4822</u>	Country: <u>USA</u>
<ol> <li>Brief Descript</li> <li>CONSULTING</li> <li>Principal Office</li> <li>Principal Office</li> <li>and Street:</li> <li>City or Town:</li> <li>Mailing Addreet</li> <li>Contact Name:</li> <li>and Street:</li> <li>City or Town:</li> </ol>	AND AE ce Addres <u>194 SU</u> <u>WICKI</u> ess of Lim <u>JOHN J. S</u> <u>194 SU</u> <u>WICKI</u> Idress of F	OVISORY SERVICE         s <u>MMIT VIEW LANE</u> FORD         ited Liability Compar <u>CHIBLER</u> Contact Title <u>MMIT VIEW LANE</u> FORD         Each Manager of the	State: <u>RI</u> State: <u>RI</u> State: <u>RI</u> State: <u>RI</u> State: <u>RI</u>	Zip: <u>02852-4822</u> Title of Contact Pers Zip: <u>02852-4822</u>	Country: <u>USA</u> on: Country: <u>USA</u>
<ol> <li>Brief Descript</li> <li>CONSULTING</li> <li>Principal Offic</li> <li>Principal Offic</li> <li>No. and Street:</li> <li>City or Town:</li> <li>Mailing Addreet:</li> <li>Contact Name:</li> <li>No. and Street:</li> <li>City or Town:</li> <li>Amount Street:</li> <li>City or Town:</li> <li>Amount Street:</li> <li>Amount Street:</li> <li>Amount Street:</li> <li>Amount Street:</li> <li>Contact Name:</li> <li>Amount Street:</li> <li>Contact Name:</li> <li>Amount Street:</li> <li>City or Town:</li> <li>Amount Street:</li> <li>City or Town:</li> </ol>	AND AE ce Addres <u>194 SU</u> <u>WICKI</u> ess of Lim <u>JOHN J. S</u> <u>194 SU</u> <u>WICKI</u> Idress of F	OVISORY SERVICE         s <u>MMIT VIEW LANE</u> FORD         ited Liability Compar <u>CHIBLER</u> Contact Title <u>MMIT VIEW LANE</u> FORD         Each Manager of the	S State: <u>RI</u> State: <u>RI</u> State: <u>RI</u> State: <u>RI</u> State: <u>RI</u> Limited Liability	Zip: <u>02852-4822</u> Title of Contact Pers Zip: <u>02852-4822</u>	Country: <u>USA</u> on: Country: <u>USA</u> able.
<ol> <li>Brief Descript</li> <li>CONSULTING</li> <li>Principal Office</li> <li>Principal Office</li> <li>and Street:</li> <li>City or Town:</li> <li>Mailing Addreet</li> <li>Contact Name:</li> <li>and Street:</li> <li>City or Town:</li> <li>And Street:</li> <li>City or Town:</li> <li>And Street:</li> <li>Contact Name:</li> <li>And Street:</li> <li>Contact Name:</li> <li>And Street:</li> <li>Contact Name:</li> <li>And Street:</li> <li>Contact Name:</li> <li>And Street:</li> <li>City or Town:</li> <li>And Street:</li> <li>City or Town:</li> </ol>	AND AE ce Addres <u>194 SU</u> <u>WICKI</u> ess of Lim <u>JOHN J. S</u> <u>194 SU</u> <u>WICKI</u> Idress of F	OVISORY SERVICE         s         MMIT VIEW LANE         ORD         ited Liability Compar         CHIBLER Contact Title         MMIT VIEW LANE         ORD         Each Manager of the IS	S State: <u>RI</u> State: <u>RI</u> State: <u>RI</u> <u>PRESIDENT</u> State: <u>RI</u> Limited Liability me	Zip: <u>02852-4822</u> Title of Contact Pers Zip: <u>02852-4822</u> Zip: <u>02852-4822</u>	Country: <u>USA</u> on: Country: <u>USA</u> able.
<ol> <li>Brief Descript</li> <li>CONSULTING</li> <li>Principal Office</li> <li>Principal Office</li> <li>and Street:</li> <li>City or Town:</li> <li>Mailing Addreet:</li> <li>Contact Name:</li> <li>And Street:</li> <li>City or Town:</li> <li>And Street:</li> <li>City or Town:</li> <li>Name and Ad DO NOT LIST</li> </ol>	AND AE ce Addres <u>194 SU</u> <u>WICKI</u> ess of Lim <u>JOHN J. S</u> <u>194 SU</u> <u>WICKI</u> Idress of F	NVISORY SERVICE MMIT VIEW LANE ORD ited Liability Compar CHIBLER Contact Title MMIT VIEW LANE ORD Each Manager of the IS Individual Na	S State: <u>RI</u> State: <u>RI</u> State: <u>RI</u> <u>PRESIDENT</u> State: <u>RI</u> Limited Liability me	Zip: <u>02852-4822</u> Title of Contact Pers Zip: <u>02852-4822</u> Company, if Applica Addres	Country: <u>USA</u> on: Country: <u>USA</u> able.
<ol> <li>Brief Descript</li> <li>CONSULTING</li> <li>Principal Offic</li> <li>Principal Offic</li> <li>and Street:</li> <li>Ortact Name:</li> <li>And Street:</li> <li>City or Town:</li> <li>And Street:</li> <li>City or Town:</li> <li>Name and Ad DO NOT LIST</li> <li>Title</li> <li>RESIDENT AG</li> </ol>	AND AE ce Addres <u>194 SU</u> WICKI ess of Lim <u>JOHN J. S</u> <u>194 SU</u> WICKI Idress of E MEMBER	NVISORY SERVICE MMIT VIEW LANE ORD ited Liability Compar CHIBLER Contact Title MMIT VIEW LANE ORD Each Manager of the IS Individual Na	S State: <u>RI</u> DT ALTER	Zip: <u>02852-4822</u> Title of Contact Pers Zip: <u>02852-4822</u> Company, if Applica Addres	Country: <u>USA</u> on: Country: <u>USA</u> able.
<ul> <li>4. Brief Descript</li> <li>CONSULTING</li> <li>CONSULTING</li> <li>5. Principal Offic</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Addreet:</li> <li>Contact Name:</li> <li>No. and Street:</li> <li>City or Town:</li> <li>7. Name and Ad DO NOT LIST</li> <li>Title</li> <li>8. RESIDENT AG Changes Required</li> </ul>	AND AE ce Addres <u>194 SU</u> <u>WICKI</u> ess of Lim <u>JOHN J. S</u> <u>194 SU</u> <u>WICKI</u> dress of E MEMBER: EMEMBER:	NISORY SERVICE MMIT VIEW LANE ORD ited Liability Compar CHIBLER Contact Title MMIT VIEW LANE ORD Each Manager of the IS Individual Na First, Middle, Last, S HODE ISLAND - DO NO	S State: <u>RI</u> State: <u>RI</u> Ny and Name or <u>PRESIDENT</u> State: <u>RI</u> Limited Liability me Suffix OT ALTER . 7-16-11	Zip: <u>02852-4822</u> Title of Contact Pers Zip: <u>02852-4822</u> Company, if Applica Address Address, City or Town, State	Country: <u>USA</u> on: Country: <u>USA</u> able.

**Signed this 28 Day of September, 2011 at 1:19:44 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 JOHN J. SCHIBLER Signature of Authorized Person

Form No. 632 Revised 09/07

 $\ensuremath{\textcircled{\sc 0}}$  2007 - 2011 State of Rhode Island and Providence Plantations All Rights Reserved