



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\* • **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. <b>126227</b>		2. Exact name of the limited liability company <b>RICHARD ERICSON CONSULTING, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Consulting.</b>			
5. Principal office address <b>495 Main Street, P.O. Box 196</b>		City <b>Hopkinton</b>		State <b>RI</b>	Zip <b>02833</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF OFFICER OR CONTACT PERSON:					
Contact Name <b>Richard A. Ericson, III</b>		Contact Title <b>Manager</b>			
Street Address <b>495 Main Street, P.O. Box 196</b>		City <b>Hopkinton</b>		State <b>RI</b>	Zip <b>02833</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. <b>DO NOT LIST MEMBERS</b> FILE IN SEPARATE SUBTOPIC USING APPROPRIATE TABS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Richard A. Ericson, III</b>		Manager Name			
Street Address <b>495 Main Street, P.O. Box 196</b>		Street Address			
City <b>Hopkinton</b>	State <b>RI</b>	Zip <b>02833</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND:					
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 Orson and Brusini Ltd.					

**FILED**

SEP 29 2011

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

BY a 116

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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

Date

**Richard A. Ericson, III, Manager**

Print or Type Name of Authorized Person

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY