



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>163153</b>		2. Exact name of the limited liability company <b>Absent Malice, 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>Engage in investment activities.</b>			
5. Principal office address <b>9 Holly Lane</b>			City <b>Rye</b>	State <b>NY</b>	Zip <b>10580</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON:					
Contact Name <b>Steven M. Bowman</b>			Contact Title <b>Manager</b>		
Street Address <b>9 Holly Lane</b>			City <b>Rye</b>	State <b>NY</b>	Zip <b>10580</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. (THIS SPACE IS FOR LISTING MANAGERS ONLY. USE FOR ATTACHMENT.)					
Manager Name <b>Steven M. Bowman</b>			Manager Name		
Street Address <b>9 Holly Lane</b>			Street Address		
City <b>Rye</b>	State <b>NY</b>	Zip <b>10580</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  
 OCT 21 2011  
 2:10 PM  
 STATE  
 CORPORATIONS DIV

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

File Date	<b>FILED</b>
Check No.	<b>OCT 21 2011</b>
By	<b>16194875</b>

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]* Sept. 6, 2011  
Signature of Authorized Person Date

**Steven M. Bowman, Manager**

Print or Type Name of Authorized Person