

1/2062

A. Ralpb 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)) i	s subject to a penalty fee of \$2	25.00.	rejusing so jike sis annuas report within thir	sy (30) aays ajier ine rime prescribea i	ry iaw	
1. ID No. 143963		name of the limited liability company / BUSINESS INFO, LLC				
3. State of Formation 4. Brief description of the character of the business to INTERNET SERVICES			rusiness which is actually conducted in Rho	de Island		
5. Principal office address 182 TUCKERMAN AVENUE			City MIDDLETOWN	State RHODE ISLAND	<i>Ζί</i> ρ 02842	
Contact Name DENNIS TURANO		ILITY COMPANY AN	D NAME OR TITLE OF CONTACT Contact Title MEMBER	•		
Street Address 182 TUCKERMAN AVENUE			Gity MIDDLETOWN	State RHODE ISLAND	<i>zip</i> 02842	
7. NAME AND ADDI	RESS OF EACH MANA FILL IN :	GER OF THE LIMITI SPACES BEFORE US	ED LIABILITY COMPANY, IF APPING ATTACHMENTS ("X" BOX FO	PLICABLE - DO NOT LIST OR ATTACHMENT)	<u>MEMBERS</u>	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT This information is cur		Office of the Secretary	i of State. Changes require filing of F	I Form_642 - R.I.G.L. 7-16-11	I	

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

143903	
FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date OCT 31 2011	contained herein are true and correct.
Check No. By MMC	Signature of Authorized Person Date
By: 3855	_ Dennis Turano
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person