



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.**

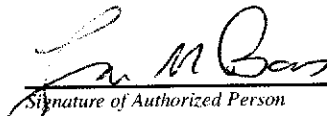
* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 77156		2. Exact name of the limited liability company Bomes Consulting Group, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Management Consulting, Executive Coaching, Personal Fitness Training, Kayak Training for Leadership and Team Building			
5. Principal office address 55 Belcort Avenue		City North Providence	State RI	Zip 02911	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Rhonda Chadwick		Contact Title Comptroller			
Street Address 55 Belcort Avenue		City North Providence	State RI	Zip 02911	
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) ☐					
Manager Name Lori M. Bomes		Manager Name ROBERT A. BOMES			
Street Address 18585 Caminito Pasadero #424		Street Address 18585 CAMINITO PASADERO #424			
City San Diego	State CA	Zip 92128	City SAN DIEGO	State CA	Zip 92125
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					

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

77156

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.

 10/5/11
Signature of Authorized Person Date

Lori M. Bomes

Print or Type Name of Authorized Person

FILED	
File Date	NOV 10 2011
Check No.	4187
By: 	
FOR SECRETARY OF STATE USE ONLY	