RI SOS Filing Number: 201185003110 Date: 11/10/2011 4:00 PM

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.	2. Exact name of the limited liability company		
77156	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	Contact Title		
Rhonda Chadwick	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	Street Address	City	State	Zip
Lori M. Bomes	18585 Caminito Pasadero #424	San Diego	CA	92128
Robert A. Bomes	18585 Caminito Pasadero #424	San Diego	CA	92129
Manager Name	Street Address	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

FILED
File Date
Check No. NOV 10 2011
By: BY 4187
FOR SECRETARY OF STATE USE ONLY
68030-4-696984

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: 10/5/11

Lori M. Bomes
Print or Type Name of Authorized Person

Form 632 Rev. 08/08