

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

	c)) is subject to a penalty fee of \$25.									
1, 110 No. 521626	v	at name of the limited liability company eisen Wealth Management Group, LLC								
3. State of Formation Rhode Island	4. Brief description financial busi		which is actually conducted in Rhode Island							
5. Principal office add 101 Franklin St			Gip Westerly	State RI	×φ 02891					
6. MAILING ADD Contact Name Scott Findeisen		ITY COMPANY AND NA	ME OR TITLE OF CONTACT Contact Title	PERSON:						
Street Address 101 Franklin St	reet		<i>া</i> Westerly	State RI	02891					
7. NAME AND AI			ABILITY COMPANY, IF APP TTACHMENTS ("X" BOX FO		LIST MEMBERS					
Manager Name 500++	E. Find	lersen	Munager Name Branden Finderson							
Street Address	E. FIND ranklin S ly State ly RI	7 1887	Street Address 101 Frank Isn Street City Westerly RT 02891							
City Wester	ly State	Zip 02891	Cuy Westerly	State RT	Zip 028 91					
Manager Name			Managar Name							
Street Address			Street Address							
City	State	Zψ	City	State	Zip					
	ENT IN RHODE ISLAND s currently of record in the O	ffice of the Secretary of Sta	ate. Changes require filing of F	, Form 642 - R.I.G.L. 7-10	5-11					

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

521626

	FILED
File Date	NOV 1 0 2011
Check No	3370
PC	OR SECRETARY OF STATE USE ONLY

Under pe	enalty	of perju	ıry, I de	clare and	affirm th	at I hav	e examino	d this report
ncluding	anly a	accomp	any ing	schedule	s and stat	ements,	and that a	ill statements
containe	d bere	in are ti	ze anz	correct.				
1	7	/	r 1					

Print or Type Name of Authorized Person