

A. Ralph Mollis. Secretary of State

Corporations Division 148 W. River Street

Providence, Rt 0290+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.

/ ID No. 159225	1	traine of the limited liability company  dence Equity Group, LLC				
3. State of Formation RHODE ISLAND	4. Brief descripti	4. Brief description of the character of the hismess tehich is actually conducted in Rhode Island Investment				
5. Principal office address 32 Hamilton Avenue			<i>⊆uy</i> Jamestown	Sinc RI	7 <i>ip</i> 02835	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name Peter Diepenbrock			NAME OR TITLE OF CONTACT PERSON:  Contact Tule  MEMBER			
Street Address 32 Hamilton Avenue			<i>сту</i> <b>Jamestow</b> n	Stanc RI	<i>Zψ</i> 02835	
7. NAME AND ADDI	RESS OF EACH MANA FILL IN	GER OF THE LIMIT SPACES BEFORE US	ED LIABILITY COMPANY, IF AP ING ATTACHMENTS ("X" BOX	PLICABLE - <u>DO NOT</u> FOR ATTACHMENT)	LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
Спу	State	Zip	Citγ·	State	Zų,	
Manager Name		************	Mettager Nerme			
Street Address			Street Address			
City	State	Zip	CH):	State	Zip	
1	rently of record in the	Office of the Secretary	of State. Changes require filing of	Form 642 - R.I.G.L. 7-10		
	This report	musi he executed by	an authorized person pursuant to	P1G1 7 16 66 (b)	CRETTARY OF STATE	

159225

File Date	FILED	
Check No.	DEC 2 9 2011	
B. SY_	1039	
FC	OR SECRETARY OF STATE US	SE ONLY

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.

PETER DIEPENBROCK, MEMBER

Print or Type Name of Authorized Person