



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. 126974		2. Exact name of the limited liability company Malbone Capital, LLC		
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Investments		
5. Principal office address 293 South Main Street Suite 1		City Providence	State Rhode Island	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Peter P.D. Leach		Contact Title Manager		
Street Address 293 South Main Street Suite 1		City Providence	State Rhode Island	Zip 02903
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 James H. Leach		Manager Name		
Street Address Malbone Estate		Street Address		
City Newport	State Rhode Island	Zip 02840	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
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).

126974 FILED

JAN 03 2012

By

159799 DS

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE 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.

Signature of Authorized Person

1/4/2012
Date

James H. Leach

Print or Type Name of Authorized Person