RI SOS Filing Number: 201289760810 Date: 02/17/2012 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

*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 |
|---|---|
| 518428 | First Management Services, LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| Delaware | holding company |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 600 Vine Street, Ste 1400-TAX | Cincinnati | OH | 45202 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| Tonia Booker | Tax Staff Accountant |

| Street Address | City | State | Zip |
|---|---|---|---|
| 600 Vine Street, Ste 1400 | Cincinnati | OH | 45202 |

**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 | Manager Name |
|---|---|
| Linda Burtwistle | |
| Street Address | Street Address |
| 600 Vine Street, Suite 1400 | |
| City / State / Zip | City / State / Zip |
| Cincinnati / OH / 45202 | |
| Manager Name | Manager Name |
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |

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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11**

| Agent Name | Address | |
|---|---|---|
| CT Corporation System | | |
| Address | City | Zip |
| 10 Weybosset Street | Providence | 02903 |

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

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[redacted] 518428

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*By:* 163829 10:20
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73376-2-717890

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* 1/31/12

[redacted]

Brian Beechem, Asst Secretary
*Print or Type Name of Authorized Person*

Form 632 Rev. 07/07