



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 2012

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. 503698	2. Exact name of the limited liability company EXOTIC CONSULTING, LLC
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3. State of Formation RI	4. Brief description of the character of the business which is actually conducted in Rhode Island CONSULTING & GENERAL CONTRACTING SERVICES
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5. Principal office address 62 NORTH WILLIAMS STREET	City JOHNSTON	State RI	Zip 02919
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name EDWARD PELLEGRINO	Contact Title MEMBER

Street Address 62 NORTH WILLIAMS STREET	City JOHNSTON	State RI	Zip 02919
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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
Street Address	Street Address
City	City
State	State
Zip	Zip
Manager Name	Manager Name
Street Address	Street Address
City	City
State	State
Zip	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

FILED
AUG 29 2012
1144

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

503698

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.

Edward Pellegrino
Signature of Authorized Person Date

EDWARD PELLEGRINO
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY