



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 145451		2. Exact name of the limited liability company CORNERSTONE REAL ESTATE ADVISERS LLC			
3. State of Formation DE		4. Brief description of the character of business conducted in Rhode Island Real Estate Advisers			
5. Principal office address One Financial Plaza, Ste 1700		City Hartford		State CT	Zip 06103
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David J. Reilly		Contact Title Manager			
Street Address One Financial Plaza, Suite 1700		City Hartford		State CT	Zip 06103
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name David J. Reilly		Manager Name			
Street Address One Financial Plaza, Suite 1700		Street Address			
City Hartford	State CT	Zip 06103	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

SEP 17 2012

By *[Signature]*

CR # 1019178

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]
Signature of Authorized Person

09/11/2012

Date

David J. Reilly

Print or Type Name of Authorized Person