



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

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. 129670		2. Exact name of the limited liability company LEONARD PASTER, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSULTING			
5. Principal office address 400 FLETCHER ROAD		City NO. KINGSTOWN	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LEONARD PASTER			Contact Title MANAGER		
Street Address 400 FLETCHER ROAD		City NO. KINGSTOWN	State RI	Zip 02852	
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) <input type="checkbox"/>					
Manager Name LEONARD PASTER			Manager Name		
Street Address 400 FLETCHER ROAD		Street Address			
City NO. KINGSTOWN	State RI	Zip 02852	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name JOSEPH A. ANESTA, ESQ.			Address		
Address 301 PROMENADE STREET		City PROVIDENCE	Zip 02908		

FILED

SEP 17 2012

BY CL 179064 This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

129670

2012 SEP 17 PM 1:50
 CORPORATIONS DIVISION

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.

Leonard Paster 9/9/12
Signature of Authorized Person Date

LEONARD PASTER, MANAGER

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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