

## 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. 113780		2. Exact name of the limited liability company Auclair & Assoc. LLC					
3. State of Formation  Rhode Island		Brief description of the character of business conducted in Rhode Island     Real Estate					
5. Principal office address 598 Great Road			City North Smithfield	State RI	Zip 02896		
6. MAILING ADDRESS O	F LIMITED LIABILITY	COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:	······································		
Contact Name A. Raymond Auclair			Contact Title				
Street Address 598 Great Road			City North Smithfield	State <b>Ri</b>	Zip <b>02896</b>		
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7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADDR HMENT) [	ESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO</u>	NOT LIST MEMBER		
("X" BOX FOR ATTAC	(NAMES AND ADDR HMENT) [	ESSES) OF THE	LIMITED LIABILITY COMPANY, IF AI	PPLICABLE - <u>DO</u>	NOT LIST MEMBER		
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("X" BOX FOR ATTACK Manager Name Street Address City Manager Name	HMENT)		Manager Name Street Address City		<b>3</b> 9012 S		
7. LIST ALL MANAGERS ("X" BOX FOR ATTACE Manager Name  Street Address  City  Manager Name  Street Address  City  City  City	HMENT)		Manager Name Street Address City Manager Name		<b>A</b> 0112 SEP 26 An		
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FILED

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	BY	179747
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File Date		

	Under penalty of perjury, I declare and affirm that I have examined
No Date	this report, including any accompanying schedules and statements
	and that all/statements contained/hereit/ are true and correct.
Check No	1. Kg mid (Suclein 9.24.
Bv:	Signature of Authorized Person \ \ \ Date
FOR SECRETARY OF STATE USE ONLY	A. Raymord HudAir
	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012