



**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.<br><u>686067</u>   |       | 2. Exact name of the limited liability company<br><u>ArtCare Resources, LLC.</u>                                  |                    |                     |     |
| 3. State of Formation<br><u>RI</u>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>art conservation consultant</u> |                    |                     |     |
| 5. Principal office address<br><u>71 DIVISION ST</u>  |       | City<br><u>NEWPORT</u>  | State<br><u>RI</u> | Zip<br><u>02840</u> |     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |       |   |                    |                     |     |
| Contact Name<br><u>Anne Allardt</u>   |       | Contact Title<br><u>Managing Director</u>   |                    |                     |     |
| Street Address<br><u>71 DIVISION ST.</u>  |       | City<br><u>Newport</u>  | State<br><u>RI</u> | Zip<br><u>02840</u> |     |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |   |                    |                     |     |
| Manager Name  |       | Manager Name  |                    |                     |     |
| Street Address  |       | Street Address  |                    |                     |     |
| City  | State | Zip   | City               | State               | Zip |
| Manager Name  |       | Manager Name  |                    |                     |     |
| Street Address  |       | Street Address  |                    |                     |     |
| City  | State | Zip   | City               | State               | Zip |
| <b>8. RESIDENT AGENT IN RHODE ISLAND:</b>   |       |   |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |   |                    |                     |     |

**FILED**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_ BY \_\_\_\_\_

OCT 10 2012

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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.

A. A. Allardt 10-12-12  
 Signature of Authorized Person Date

Anne A. Allardt  
 Print or Type Name of Authorized Person