



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. 00163597		2. Exact name of the limited liability company R and D Strategic Solutions, LLC	
3. State of Formation DE		4. Brief description of the character of business conducted in Rhode Island Litigation services in the form of mock trials, jury selection and witness preparation. Services provided by Phd Psychologists not attorneys.	
5. Principal office address 29440 Ono Blvd.		City Orange Beach	State AL
		Zip 36561	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Rick R. Fuentes		Contact Title Manager	
Street Address 29440 Ono Blvd.		City Orange Beach	State AL
		Zip 36561	
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"/>			
Manager Name Rick R. Fuentes		Manager Name Reiko Hasuike	
Street Address 29440 Ono Blvd.		Street Address 2514 Highland Ave.	
City Orange Beach	State AL	City Manhattan Beach	State CA
Zip 36561		Zip 90266	
Manager Name Ross P. Laguzza		Manager Name	
Street Address 6025 Roycroft Drive		Street Address	
City Roanoke	State VA	City	State
Zip 24018		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

NOV 28 2012

By *[Signature]*
CR #16772

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] 11/13/12
Signature of Authorized Person Date

Stephen T. Dane

Print or Type Name of Authorized Person