



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

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