



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. 569145		2. Exact name of the limited liability company LINEAR TITLE, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Title Insurance and Closing Services			
5. Principal office address 127 John Clarke Road		City Middletown	State RI	Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Nick Liuzza, Jr.		Contact Title Manager			
Street Address 127 John Clarke Road		City Middletown	State RI	Zip 02842	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (-X- BOX FOR ATTACHMENT) ☐					
Manager Name Nick Liuzza, Jr.		Manager Name			
Street Address 127 John Clark Road		Street Address			
City Middletown	State RI	Zip 02842	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	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 29 2012

BY 1043
104460

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.

X Nick Liuzza
Signature of Authorized Person

11/28/2012
Date

Nick Liuzza
Print or Type Name of Authorized Person