



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 104092		2. Exact name of the limited liability company RICH GROUP, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO MANUFACTURE AND SELL PAPER BOXES AND DISPLAYS	
5. Principal office address 1284 PLAINFIELD STREET		City JOHNSTON	State RI Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ALFRED A. RICCIO		Contact Title MANAGER	
Street Address 1284 PLAINFIELD STREET		City JOHNSTON	State RI Zip 02919
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) ☐			
Manager Name ALFRED A. RICCIO		Manager Name RONALD A. RICCIO	
Street Address 1284 PLAINFIELD STREET		Street Address 1284 PLAINFIELD STREET	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOSEPH A. ANESTA, ESQ.		Address	
Address 301 PROMENADE STREET		City PROVIDENCE	Zip 02908

FILED 1202

NOV 30 2012
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

BY 104092

104092

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.

Alfred A. Riccio 11/28/12
Signature of Authorized Person Date
ALFRED A. RICCIO, MANAGER
Print or Type Name of Authorized Person