RALPH MORE	ate of Rhode Island a Office of the S			DNS Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040				
Limited Liability Comp Annual Report Filing Period: September 1 -				
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.				
ANNUAL REPORT YEAR: 2012				
1. ID No. <u>000566344</u>				
2. Exact Name of the Limited Liability Company <u>TBear Capital, LLC.</u>				
3. State of Formation				
State: <u>RI</u>				
4. Brief Description of the Merchant Banking			,,,	
5. Principal Office Addres	S			
	<u>OWER STREET</u> VIDENCE	State: <u>RI</u>	Zip: <u>02903</u>	Country: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company a	nd Name c	or Title of Contact I	Person:
Contact Name: <u>STEVEN TRIEDMAN</u> Contact Title: <u>PRESIDENT</u> No. and Street: <u>25 POWER STREET</u>				
	<u>/IDENCE</u>	State: <u>RI</u>	Zip: <u>02903</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name			dress
	First, Middle, Last, Suffix	(Address, City or Town,	State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
STEVEN G. TRIEDMAN 25 POWER STREET PROVIDENCE, RI 02903				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 16 Day of January, 2013 at 2:47:40 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>STEVEN G. TRIEDMAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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