

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.	2 Event name of t	ha limited liability name							
·	2. Exact name of the limited liability company								
507612	m settlements LLC								
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island								
OREGON	Life Sattlement Insurance								
5. Principal office address 1125 NW (ou	- ' ' ' ' ' '	. Such 90	o Portland	State DR	zig q	72	09		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON:									
Contact Name Andrew	Grave	ۍ	V President						
Street Address 1/25 NW (Ou	ich St.	Sure 900	City Partland	State 012	Zip -	720	29		
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT)									
Manager Name			Manager Name						
Street Address			Street Address			<u> </u>			
Street Address			Street Address						
City	State	Zip	City	State	Zip				
,	Cidio		Olly	State	Zip	اردن مسیر			
Manager Name			Manager Name						
_						-5			
Street Address			Street Address						
City	State	Zip	City	State	Zip				
							\$*44		
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 1201 FEB 1 2 2013 BY 17.189762

File Date	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.			
Check No	Signature of Authorized Person	\\3[\\13		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person)es		

Form No. 632 Revised: 01/2012 Andrew P. Graves Manager, Visite President 1205 Rosemont Road West Linn OR 97068 503 657-8855 578-90-5418

Curtis Vaughan Rynties Vice President 3040 Wembley Rark Road Lake Oswego OR 97034 503 675-9157 523-90-9789

Daniel Francis Byrne Manager 18112 Westminster Drive Lake Oswego OR 97034 503 705-9219 023-46-8023

David Walter Schutt Secretary 6975 SW Canyon Drive Portland OR 97225 503 297-3731

Fred Henry Jonske
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Portland OR 97225
503 203-1153
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Kevin Bruce Kukar Treasurer 747 NE Royal Court Portland OR 97232 503 234-2420 541-66-2632

