



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 2013

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. 139522 | | 2. Exact name of the limited liability company SCHOFIELD IMAGING ASSOCIATES, L.L.C. | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island ELECTRONIC IMAGING RESEARCH, DESIGN AND CONSULTING | | | |
| 5. Principal office address 9 ATLANTIC AVENUE | | City NARRAGANSETT | State RI | Zip 02882 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name HAROLD D. SCHOFIELD | | | Contact Title MANAGER | | |
| Street Address 9 ATLANTIC AVENUE | | City NARRAGANSETT | State RI | Zip 02882 | |
| 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) <input type="checkbox"/> | | | | | |
| Manager Name HAROLD D. SCHOFIELD | | | Manager Name | | |
| Street Address 9 ATLANTIC AVENUE | | Street Address | | | |
| City NARRAGANSETT | State RI | Zip 02882 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | 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 DENNIS R. GANNON | | | Address 1140 RESERVOIR AVENUE, SUITE 3A | | |
| Address | | City CRANSTON | Zip 02920 | | |

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

139522

FILED

AUG 21 2013

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.

BY 1278

Harold D. Schofield 8/14/13
Signature of Authorized Person Date

Harold D. Schofield

Print or Type Name of Authorized Person

| |
|---------------------------------|
| File Date _____ |
| Check No. _____ |
| By: _____ |
| FOR SECRETARY OF STATE USE ONLY |