| RALPH MOLL Sta | ate of Rhode Island and Pro Office of the Secreta | | ONS Fee: \$50.00 |
|---|---|---------------------------------------|--------------------------|
| Secretary of State | Division Of Business 148 W. River St Providence RI 0290 (401) 222-304 | treet)4-2615 | |
| Limited Liability Comp Annual Report Filing Period: September 1 - I | • | | |
| | -16-66(d), each limited liability comp thirty (30) days after the time presc enalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: 2 | 2013 | | |
| 1. ID No. <u>000147057</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>SPEAK FOR ME, LLC</u> | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| | | | |
| CONSULTING | | | |
| 5. Principal Office Address | \$ | | |
| | ERRY STREET ESTOWN State: <u>R</u> | <u>I</u> Zip: <u>02835</u> | Country: <u>USA</u> |
| 6. Mailing Address of Limi | ted Liability Company and Name | or Title of Contact I | Person: |
| | ^{tle:} ERRY STREET STOWN State: F | <u>RI</u> Zip: <u>02835</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 | | | |
| AMY S. BARCLAY DE TO | DLLY 54 FERRY STREET JAMES | <u>TOWN</u> , <u>RI</u> <u>02835-</u> | |
| 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). | | | |

Signed this 29 Day of August, 2013 at 9:49:41 AM 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 AMY S. BARCLAY DE TOLLY

Signature of Authorized Person

Form No. 632 Revised 09/07

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