



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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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. 000760510		2. Exact name of the limited liability company Light Bulb Inventions, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Intellectual property holding, development and investment.			
5. Principal office address 65 Thewlis Woods Way			City Wakefield	State RI	Zip 02879
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY (IF DIFFERENT FROM PRINCIPAL OFFICE ADDRESS)					
Contact Name Joseph A. Morrone			Contact Title Manager		
Street Address 65 Thewlis Woods Way			City Wakefield	State RI	Zip 02879
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY (IF MORE THAN ONE, LIST ALL. DO NOT LIST MEMBERS.)					
Manager Name Joseph A. Morrone			Manager Name Roger C. Avery		
Street Address 65 Thewlis Woods Way			Street Address 65 Thewlis Woods Way		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT OF RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

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

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

FILED

SEP 16 2013

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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.

Joseph A. Morrone
Signature of Authorized Person _____ Date _____

Joseph A. Morrone, Manager

Print or Type Name of Authorized Person