



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. <b>000760510</b>		2. Exact name of the limited liability company <b>Light Bulb Inventions, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Intellectual property holding, development and investment.</b>			
5. Principal office address <b>65 Thewlis Woods Way</b>			City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY (IF DIFFERENT FROM PRINCIPAL OFFICE ADDRESS)					
Contact Name <b>Joseph A. Morrone</b>			Contact Title <b>Manager</b>		
Street Address <b>65 Thewlis Woods Way</b>			City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY (IF MORE THAN ONE, LIST ALL. DO NOT LIST MEMBERS.)					
Manager Name <b>Joseph A. Morrone</b>			Manager Name <b>Roger C. Avery</b>		
Street Address <b>65 Thewlis Woods Way</b>			Street Address <b>65 Thewlis Woods Way</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
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	_____
<b>FOR SECRETARY OF STATE USE ONLY</b>	

**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