RALPH MOIL	tate of Rhode Island an Office of the Se			ns Fee: \$50.00
		iver Street	S	
ecretary of Stat		I 02904-2615 22-3040		
Limited Liability Com Annual Report				
Filing Period: September 1	- November 1			
	7-16-66(d), each limited liabili n thirty (30) days after the time penalty fee of \$25.00.		•	-
ANNUAL REPORT YEAR:	<u>2013</u>			
1. ID No. <u>000584962</u>	2			
2. Exact Name of the Limited Liability Company Barba & Associates, LLC				
3. State of Formation				
State: <u>RI</u>				
	e Character of the Business		-	
5. Principal Office Addre	SS			
	<u>CENTERVILLE RD</u> TE 203			
	<u>RWICK</u>	State: <u>RI</u>	Zip: <u>02886</u>	Country: <u>US</u>
6. Mailing Address of Lir	nited Liability Company and	Name or Title	of Contact P	erson:
	CENTERVILLE RD			
	<u>E 203</u> WICK	State: <u>RI</u>	Zip: <u>02886</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limite	d Liability Co	mpany, if App	licable.
Title	Individual Name		Addr	
	First, Middle, Last, Suffix	Addre	ss, City or Town, S	State, Zip Code, Country
8. RESIDENT AGENT IN F	HODE ISLAND - DO NOT AL	TER		
	g of Form 642 - R.I.G.L. 7-16			
JEFFREY A. BARBA 40	69 CENTERVILLE ROAD. SUI	TE 203 WARV	VICK RI 028	86

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

Signed this 18 Day of September, 2013 at 2:13:46 PM 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 <u>TRACY A GUERRA</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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