



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |       |  |                    |                     |     |
|---|-------|--|--------------------|---------------------|-----|
| 1. Entity ID No.<br><b>137053</b>   |       | 2. Exact name of the limited liability company<br><b>Russell R. Sicard, Attorney at Law, LLC</b>     |                    |                     |     |
| 3. State of Formation<br><b>Rhode Island</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Legal Services</b> |                    |                     |     |
| 5. Principal office address<br><b>400 Reservoir Avenue, Suite 3 I</b>   |       | City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02907</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON   |       |  |                    |                     |     |
| Contact Name<br><b>Russell R. Sicard</b>  |       | Contact Title  |                    |                     |     |
| Street Address<br><b>400 Reservoir Avenue, Suite 3 I</b>  |       | City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02907</b> |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>(*X BOX FOR ATTACHMENT) <input type="checkbox"/> |       |  |                    |                     |     |
| Manager Name  |       | Manager Name   |                    |                     |     |
| Street Address  |       | Street Address   |                    |                     |     |
| City  | State | Zip  | City               | State               | Zip |
| Manager Name  |       | Manager Name   |                    |                     |     |
| Street Address  |       | Street Address   |                    |                     |     |
| City  | State | Zip  | City               | State               | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND   |       |  |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |  |                    |                     |     |

**FILED**

**SEP 18 2013**

By *MMC*

*CR #9162*

File Date: \_\_\_\_\_  
Check No: \_\_\_\_\_  
By: \_\_\_\_\_  
(FOR SECRETARY OF STATE USE ONLY)

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.

*Russell R. Sicard* *9/17/13*  
Signature of Authorized Person Date

*Russell R. Sicard*  
Print or Type Name of Authorized Person