

## 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

2013

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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.	2. Exact nar	ne of the Jimited liab	ility company			
788344	Lambros	Law LLC				
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	practice	of law				
5. Principal office address 100 Midway Road, Suite 16			City Cranston	State	702920	
6. MAILING AUDRESS O	E LIMITED LIABILI	Y COMPANY AND	NAME OF TITLE OF CONTACT	PERSON:		
Contact Name Nicholas A. Lambros			Contact Title			
Street Address 100 Midway Road, Suite 16			Cranston	State <b>RI</b>	<sup>Zj</sup> 02920	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT) [	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name		1	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8 RESIDENT AGENT IN	RHODE ISLAND					
This Information is curre	ently of record in the	e Office of the Secr	etary of State. Changes require	filing Form 642.	2 6	
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File Date \_\_\_\_\_
Check No \_\_\_\_\_

By: \_\_\_\_
FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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.

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Print or Type Name of Authorized Person