



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. 103948		2. Exact name of the limited liability company Windsor Group, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Consulting and advising commercial and industrial business enterprises during various phases of organization, operation, dissolution, and sale			
5. Principal office address 300 Centerville Road, Suite 320 East			City Warwick	State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Vincent A. Indeglia			Contact Title		
Street Address 300 Centerville Road, Suite 320 East			City Warwick	State RI	Zip 02886
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("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

OCT 09 2013

BY 1078

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.

Vincent A. Indeglia 10/8/13
 Signature of Authorized Person Date

Vincent A. Indeglia
 Print or Type Name of Authorized Person

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