

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

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.		me of the limited	liability company												
00048456	8 51	menez	Financial	Services	,LLC										
3. State of Formation		•	aracter of business conduc		<u> </u>										
RI	Ch	ieck Co	shing Busine	Business											
5. Principal office address	Proad !	<u>st.</u>	$^{ ext{City}}$ $ ho_{ ext{Co}}$	City Providence State RI Zip 03											
6. MAILING ADDRESS OF L	IMITED LIÄBILI	TY COMPANY A		CONTACT PERSON:											
Contact Name Nolbe	erto V	aldez	Contact little	Contact Title Member											
Street Address 575	-Broad	L 27	City Pro	vidence si	tate RI	(ip 02	907								
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM		DRESSES) OF T	HE LIMITED LIABILITY C	OMPANY, IF APPLICA	BLE - <u>DO NOT L</u>	IST MEI	<u>IBERS</u>								
Manager Name			Manager Na	Manager Name											
Street Address			Street Addre	Street Address											
City	State	Zip	City	St	tate 2	^{lip} 28									
Manager Name		<u>.</u>	Manager Nai	Manager Name											
Street Address			Street Addre	Street Address											
City	State	Zip	City	St	tate Z	(ip	- [1]								
8. RESIDENT AGENT IN RHO	DDE ISLAND				Provincial and the contract of		inder Aucht								
This information is currently	of record in th	e Office of the S	Secretary of State. Chang	es require filing Form	642.										

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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.

Date

Nolberto Valey, 10/2

Nolberto Valdez

Print or Type Name of Authorized Person

Signature of Authorized Person