



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. <u>509870</u>		2. Exact name of the limited liability company <u>The Guide LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Professional Services</u>	
5. Principal office address <u>75 Macbeth st</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Christopher Shepherd</u>		Contact Title <u>President</u>	
Street Address <u>75 Macbeth st</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
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 <u>Christopher Shepherd</u>		Manager Name	
Street Address <u>75 Macbeth st</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	City	State
Zip <u>02920</u>		Zip	
Manager Name <u>Jacaleen Shephard</u>		Manager Name	
Street Address <u>21 B Shadow Brook Lane</u>		Street Address	
City <u>Smithfield</u>	State <u>RI</u>	City	State
Zip <u>02897</u>		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

NOV 07 2013

BY CR 210248

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.

Signature of Authorized Person

Date

Christopher Shepherd
Print or Type Name of Authorized Person

10/23/2013