

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. 310194	2. Exact nat	ne of the limited liab DVISORS, LLC	ility company		
3. State of Formation	Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	Engage	in the sale, brol	kerage, and consulting of re	al estate	
5. Principal office address 655 Main Street			City East Greenwich	State RI	Zip 02818
. MAILING ADDRESS OF I	MITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:	
Leonard lannuccilli			Contact Title Member		
Greet Address 655 Main Street			City East Greenwich	State RI	Zip 02818
	VAMES AND ADD IENT) [RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE . DO	NOT LIST MEMBERS
Manager Name			Manager Name		
Street Address	-		Street Address		
ity	State	Zip	City	State	Zip
lanager Name			Manager Name		
treet Address	·		Street Address		
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RESIDENT AGENT IN RH	V of record in the	Office of the See	etary of State. Changes require filin		
	y or record in the	Office of the Sech	etary of State, Changes require filin	g Form 642.	A
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		A.A.			ω ` <u>`</u>
File Date_			Under penalty of perjury, this report, including any	. I declare and affi	rm that I have examined

File Date	Under penalty of perjury, I declare and affirm that I have exam this report, including any accompanying sphedules and states
Check No.	and that all statements contained herein are true and correct.
Bv	Sport of and 2/10
	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012