



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

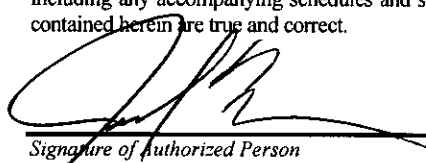
1. ID No. 000507858		2. Exact name of the limited liability company J MORRONE CONSULTING, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island provide consulting services			
5. Principal office address 65 Thewlis Woods Way			City Wakefield	State RI	Zip 02879
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND					
Contact Name Joseph A. Morrone			Contact Title Member		
Street Address 65 Thewlis Woods Way			City Wakefield	State RI	Zip 02879
7. NAME AND ADDRESS OF EACH GENERAL PARTNER OF THE LIMITED LIABILITY COMPANY AND EACH OF THE DIRECTORS, MEMBERS,					
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
RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11					

FILED

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b) **SEP 17 2014**

BY 10419

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.

 9-11-14
Signature of Authorized Person Date

Joseph A. Morrone, Member

Print or Type Name of Authorized Person

File Date	
Check No.	
By	