



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. 000760510		2. Exact name of the limited liability company Light Bulb Inventions, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Intellectual property holding, development and investment.			
5. Principal office address 65 Thewlis Woods Way		City Wakefield	State RI	Zip 02879	
6. Mailing Address of the Limited Liability Company					
Contact Name Joseph A. Morrone		Contact Title Manager			
Street Address 65 Thewlis Woods Way		City Wakefield	State RI	Zip 02879	
7. Name of the Commissioner of the State					
Manager Name Joseph A. Morrone		Manager Name Roger C. Avery			
Street Address 65 Thewlis Woods Way		Street Address 65 Thewlis Woods Way			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. Residence Address of the Secretary of State					

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11Orson and Brusini Ltd.

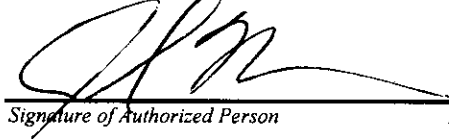
FILED

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

SEP 17 2014

BY 1007

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, Manager

Print or Type Name of Authorized Person

File Date
Check No.
By

FOR SECRETARY OF STATE USE ONLY