



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2014

1. ID No. 000565924

2. Exact Name of the Limited Liability Company FM SYSTEMS LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TUITION PAYMENT PLAN ADMINISTRATION

5. Principal Office Address

No. and Street: 171 SERVICE AVENUE SUITE 200

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: SUZANNE MURRAY Contact Title: SECRETARY

No. and Street: 800 BOYLSTON STREET, 34TH FLOOR

City or Town: BOSTON

State: MA Zip: 02199 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CARL FIRLINGS	171 SERVICE AVENUE, SUITE 200 WARWICK, RI 02886 USA
MANAGER	SETH GELBER	800 BOYLSTON STREET, 34TH FLOOR BOSTON, MA 02199 USA
MANAGER	BARRY HENEGHAN	800 BOYLSTON STREET, 34TH FLOOR BOSTON, MA 02199 USA
MANAGER	CRAIG LOCKWOOD	171 SERVICE AVENUE, SUITE 200 WARWICK, RI 02886 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 30 Day of September, 2014 at 4:19:37 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SUZANNE MURRAY
Signature of Authorized Person

Form No. 632
Revised 09/07

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