

## 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 2014

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.

791444	2 Exact na Financia	2. Exact name of the limited liability company Financial Transitions Group, LLC				
3. State of Formation	4. Brief des Financia	cription of the chara	of business conducted in Rhode Island urance production and all lawful ancillary services related			
Rhode Island	thereto.					
5. Principal office address 1240 Pawtucket Avenue, 2nd Floor			City East Providence	State RI	Zip <b>02916</b>	
	TIMITED LIABILE	Y COMPANY AND	NAME OR THIS OF CONTACT RER	SOK		
Contact Name Robin Hofheinz			Contact Title  Member			
Street Address 1240 Pawtucket Avenue, 2nd Floor			City East Providence	State RI	Zip <b>02916</b>	
LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>Do</u>	NOT LIST 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 R	HODE ISLAND			(g-engage negan		
his information is curren	tly of record in the	Office of the Secr	etary of State. Changes require filing	g Form 642.		

FILED

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FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

BA Under penalty of perjory, 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.

ROBIN HOFHEIN

Print or Type Name of Authorized Person