

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 (bebc)) is subject to a penalty fee of \$25,00.

(R.I.G.L. /-16-66 (60°c)) is	subject to a penalty fee of \$2	5.00.					
1. ID No. 163604	1	name of the limited liability company IDENCE INVESTMENT PARTNERS, LLC					
3. State of Formation Delaware	4. Brief description Providence	on of the character of the hu	siness which is actually conducted in Rhod ement, LLC is an investment a	ich is actually conducted in Rhode Island LLC is an investment advisory firm, of which Providence			
5. Principal office address 500 EXCHANGE STREET, SUITE 1200			City PROVIDENCE	State RI	<i>дір</i> 02903		
6. MAILING ADDRES Contact Name RICHMOND JEFF		LITY COMPANY AND	NAME OR TITLE OF CONTACT  Contact Title	OR TITLE OF CONTACT PERSON:  Contact Title			
Street Address 500 EXCHANGE STREET, SUITE 1200			City PROVIDENCE	State RI	<sup>Zip</sup> 02903		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)							
Manager Name RUSSELL J. JEFFREY			Manager Name	Manager Name			
Street Address 500 EXCHANGE STREET, SUITE 1200			Street Address	Street Address			
City PROVIDENCE	State RI	<i>Zip</i> 02903	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. 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).

163604

File Date	
Check No.	
Ву:	
	FOR SECRETARY OF STATE USE ONLY

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	7490	
BY	1170	

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.

Signature of Authorized Person

Oct. 23, 2014

RICHMOND JEFFREY

Print or Type Name of Authorized Person