**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[| LOGOUT |](#)**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1



Help with this form

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. 000125581

2. Exact Name of the Limited Liability Company Management Solutions LLC

3. State of Formation

State: DE

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

INVESTMENT MANAGEMENT

FILED

OCT 29 2014

1072

5. Principal Office Address

No. and Street: 60 BAY SPRING AVENUE, SUIT

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

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

Contact Name: Robert Manchester

Contact Title: member

No. and Street: 60 BAY SPRING AVENUE, SUIT

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

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

First Name: Middle Name: Last Name: Suffix:
Address: City: State: Zip: Country:

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

LINDA A. CICERCHIA 60 BAY SPRING AVE. SUITE B4 BARRINGTON , RI 02806

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

Filer's Contact Information

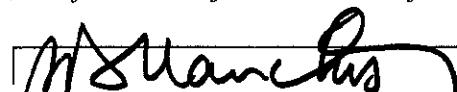
(Enter a contact name, mailing address and email.)

Contact Name: Robert Manchester
Business Name: Management Solutions, LLC
No. and Street: 60 BAY SPRING AVENUE, S Principal Office
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA
Contact Phone: ext:
Contact Email: bob@mgtcapital.com

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 1 Day of October, 2014 at 1:08:13 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


Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

☒ Accept

☐ Decline

[Click HERE to Submit This Information](#)

Form No. 632
Revised 09/07

