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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.**

1. Entity ID No.	2. Exact name of the limited liability company
135816	BOSTON MERIDIAN, LLC
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Banking, Merger Advisory

5. Principal office address	City	State	Zip
36 Washington Square	Newport	RI	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title		
John C. Raby	Manager		
Street Address	City	State	Zip
183 Saint Thomas Way	Tiburon	CA	94920

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS.
(X) BOX FOR ATTACHMENT ☐

Manager Name	Manager Name
John C. Raby	
Street Address	Street Address
183 Saint Thomas Way	
City / State / Zip: Tiburon / CA / 94920	City / State / Zip:
Manager Name	Manager Name
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 Form 642.

FILED
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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.

C. [illegible] 11/12/14
Signature of Authorized Person — Date

C. Garrett Palm
Print or Type Name of Authorized Person

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

114173-11-1001616
Form No. 632
Revised: 01/2012