



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 38370
2. Name of Corporation THE FREEMAN GROUP, LTD.

3. Street Address Principal Business Office 330 FREEMAN PARKWAY
City PROVIDENCE State RI Zip 02906

4. Business Phone No. 4012741188
5. State of Incorporation RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
MANAGEMENT CONSULTING

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<i>President Name</i>			<i>Vice President Name</i>		
Jerrold L. Lavine			Jerrold L. Lavine		
<i>Street Address</i>			<i>Street Address</i>		
330 Freeman Parkway			330 Freeman Parkway		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Providence	RI	02906	Providence	RI	02906

<i>Secretary Name</i>			<i>Treasurer Name</i>		
Richard S. Mittleman			Jerrold L. Lavine		
<i>Street Address</i>			<i>Street Address</i>		
301 Promenade Street			330 Freeman Parkway		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Providence	RI	02908	Providence	RI	02906

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<i>Director Name</i>			<i>Director Name</i>		
Jerrold L. Lavine					
<i>Street Address</i>			<i>Street Address</i>		
330 Freeman Parkway					
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Providence	RI	02906			
<i>Director Name</i>			<i>Director Name</i>		
<i>Street Address</i>			<i>Street Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1,500	NO PAR VALUE	

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
100	common	none

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



38370 DBC 01/05/07 11:34:13 AM

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Jerrold L. Lavine 2/26/15
Signature Date
Jerrold L. Lavine
Print or Type Name
President
Title