State of Rhode Island and Providence Plantations Fee: \$5 Office of the Secretary of State						
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040					
Limited Liability Com Annual Report Filing Period: September 1						
	7-16-66(d), each limited liabil in thirty (30) days after the time penalty fee of \$25.00.				-	
ANNUAL REPORT YEAR:	<u>2014</u>					
1. ID No. <u>000130259</u>	2					
2. Exact Name of the Limited Liability Company Peacock Financial Group, LLC						
3. State of Formation						
State: <u>RI</u>						
	e Character of the Business			-	ed in Rhode Is	sland
5. Principal Office Addre	SS					
	<u>) RESERVOIR AVE</u> ANSTON	State	: <u>RI</u>	Zip: <u>02920</u>	Country: <u>U</u>	<u>SA</u>
6. Mailing Address of Li	mited Liability Company and	d Name	or Ti	tle of Contact P	erson:	
	^{Title:} RESERVOIR AVE NSTON	State	e: <u>RI</u>	Zip: <u>02920</u>	Country: <u>L</u>	<u>ISA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS						
Title	Individual Name		A -1	Add		
MANAGER	First, Middle, Last, Suffix JOHN N PEACOCK JR		Adi	dress, City or Town, S 18 / SEEKONK , M	AUBIN ST	ountry
Changes Require Filin	RHODE ISLAND - DO NOT AL g of Form 642 - R.I.G.L. 7-16 L, CPA 1845 SMITH STREET	5-11	TH PR	<u>OVIDENCE</u> , <u>RI</u>	<u>02911</u>	
9. This report must be ex	xecuted by an authorized pe	erson p	ursua	nt to R.I.G.L. 7-	16-66 (b).	

Signed this 13 Day of March, 2015 at 2:34:55 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 JOHN N PEACOCK JR Signature of Authorized Person

Form No. 632 Revised 09/07

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