

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 2011

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

BY_Cn 25486

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 na	2. Exact name of the limited liability company Tomassi Law Associates, LLC				
156464	Tomass					
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
RI	Law Prac	Law Practice				
5. Principal office address 188 Sargent Street			City Warwick	State RI	Zip 02888	
f MAI: Nest and Section Ted Liability Company and P Contact Name Jared Tomassi			NAME OR THUS OF CONTACT PERSON: Contact Title Member			
Street Address 188 Sargent Street			City Warwick	State RI	Zip 02888	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE : DO	Kor standard .	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
BARTESIDEN PAGENULUKIRI	Frankling, and self-the first method for the formal operation of the self-	myangon, mengabangan ang a ang ang ang ang ang ang ang	28			
This information is curren	tly of record in the	e Office of the Secr	retary of State. Changes require	e filing Form 642.		
					r\s	
					95	
FILED "					2015 AUG 1.7	
AUG 1.7.2015					- 420	

FOR SECRETARY OF STATE USE ONLY

Under penalty of perfury 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

Jarød Tomassi

it or Type Name of Authorized Person

Form No. 632 Revised: 01/2012