State of Rhode Island and Providence Plantations Fee: \$50.0 Office of the Secretary of State			
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Limited Liability Comp Annual Report Filing Period: September 1 -			
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: 2015			
1. ID No. <u>000145578</u>			
2. Exact Name of the Limited Liability Company <u>DEATON LAW FIRM LLC</u>			
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
LAW PRACTICE			
5. Principal Office Address			
	<u>ORTH BROADWAY</u> <u>PROVIDENCE</u> Sta	ate: <u>RI</u> Zip: <u>02914</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	ORTH BROADWAY	te: <u>RI</u> Zip: <u>02914</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addre	ess
	First, Middle, Last, Suffix	Address, City or Town, St	ate, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
JOHN E. DEATON 450 NORTH BROADWAY EAST PROVIDENCE, RI 02914			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			

Signed this 11 Day of September, 2015 at 9:26:52 AM 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 DEATON Signature of Authorized Person

Form No. 632 Revised 09/07

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