



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Limited Liability Company  
Annual Report

Filing Period: September 1 - November 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. 000126572

2. Exact Name of the Limited Liability Company ADVISED ASSETS GROUP, LLC

3. State of Formation

State: CO

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Investment Advisor (federally-registered)

5. Principal Office Address

No. and Street: 8515 EAST ORCHARD ROAD

City or Town: GREENWOOD VILLAGE

State: CO

Zip: 80111

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 8515 EAST ORCHARD ROAD

City or Town: GREENWOOD VILLAGE

State: CO

Zip: 80111

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	STEPHEN E JENKS	8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 USA
MANAGER	WILLIAM J MCDERMOTT	8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 USA
MANAGER	DAVID G MCLEOD	8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 USA
MANAGER	DAVID L MUSTO	8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 USA
MANAGER	WILLIAM S HARMON	8515 EAST ORCHARD ROAD

MANAGER	CAROL E WADDELL	GREENWOOD VILLAGE, CO 80111 USA 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 USA
---------	-----------------	--

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A 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 17 Day of September, 2015 at 9:44:01 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 BRADLEY SLENKER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations  
All Rights Reserved