

1. Entity ID No.

Form No. 632 Revised: 01/2012

140036

3. State of Formation

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 2015

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

2. Exact name of the limited liability company

THe Prospero Group LLC

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25,00 PENALTY FEE.

4. Brief description of the character of business conducted in Rhode Island

Rhode Island	To provide consulting and related services to non-profit organizations				
5. Principal office address 425 Gibb Avenue			City Newport	State RI	Zip 02840
6. MAILING ADDRESS OF LIN	NTED LIABILITY	COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:	
Contact Name Doris Feinberg			Contact Title		
Street Address 425 Gibb Avenue			City Newport	State RI	Zip 02840
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHMEN		ESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS
Manager Name Doris Feinberg			Manager Name		
Street Address 425 Gibb Avenue			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
B. RESIDENT AGENT IN RHOD	DE ISLAND				
This information is currently o		Office of the Secret	ary of State. Changes require	e filing Form 642.	
FILED SEP 2 1 2015 BY CO 256748					PECELVED LARY OF STATE 2015 SEP 21 PM 2: 29
File Date			this report, includin		irm that I have examined achedules and statements, are true and correct.
By:			Signature of Authoriz	ed Person	7// 8 //)
FOR SECRETARY OF STATE USE ONLY			Doris Feinberg Print or Type Name of Authorized Person		
			Print or Type Name of	of Authorized Person	