



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

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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.

1. ID No. 516778		2. Exact name of the limited liability company GALILEE EQUITY PARTNERS, LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT MANAGEMENT			
5. Principal office address 500 EXCHANGE STREET, SUITE 1200		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name RICHMOND JEFFREY		Contact Title			
Street Address 500 EXCHANGE STREET, SUITE 1200		City PROVIDENCE	State RI	Zip 02903	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name RUSSELL J. JEFFREY		Manager Name			
Street Address 500 EXCHANGE STREET, SUITE 1200		Street Address			
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

FILED

OCT 26 2015

BY

7946

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

516778

Under penalty of perjury, 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.

R. J. Jeffrey 10/23/2015
Signature of Authorized Person Date

RICHMOND JEFFREY

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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