

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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

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 name	of the limited liab	pility company				
000158637	Vantage P	oint Tutors, L	LLC				
3. State of Formation			cter of business conducted in R	thode Island			
DE	Profession	nal Tutoring S	Services				
5. Principal office address 305 Hope Street, Apt. 3			City <b>Providence</b>	State RI	Zip <b>02906</b>		
6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N							
Contact Name Zachary Florin			Contact Title  Member				
Street Address 305 Hope Street, Apt. 3			City Providence	State RI	Zip <b>02906</b>		
7. LIST <u>all</u> managers (names and addresses) of the L ("X", box for attachment) —			LIMITED LIABILITY COMPAN	IY, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
This information is currently	of record in the	Office of the Seci	retary of State. Changes requ	ire filing Form 642.	<b>2</b> 0		
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File Date			this report, include		firm that I have examined schedules and statements are true and correct.		
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By:			Signature of Author		Date		
FOR SECRETARY OF STATE	TE USE ONLY		Zachary Flori				
			Print or Type Name	e of Authorized Person			

Form No. 632 Revised: 01/2012