



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 144603		2. Exact name of the Corporation LL3, INC.			
3. Principal office address 40 HIDDEN LANE			City EAST GREENWICH	State RI	Zip 02818
4. Business Phone No.			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island ASSET MANAGEMENT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ERIN C. O'HARA			Vice-President Name NONE		
Street Address 53 WEST 72nd STREET, APT. 7D			Street Address		
City NEW YORK	State NY	Zip 10023	City	State	Zip
Secretary Name MEGHAN K. O'HARA			Treasurer Name KAITLIN B. O'HARA		
Street Address 669 EAST 2nd STREET, #2			Street Address 40 HIDDEN LANE		
City SOUTH BOSTON	State MA	Zip 02127	City EAST GREENWICH	State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ERIN C. O'HARA			Director Name KAITLIN B. O'HARA		
Street Address 53 WEST 72nd STREET, APT. 7D			Street Address 40 HIDDEN LANE		
City NEW YORK	State NY	Zip 10023	City EAST GREENWICH	State RI	Zip 02818
Director Name MEGHAN K. O'HARA			Director Name		
Street Address 669 EAST 2nd STREET, #2			Street Address		
City SOUTH BOSTON	State MA	Zip 02127	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	COMMON	\$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Erin C. O'Hara 1/31/16
 Signature of Authorized Representative Date

ERIN C. O'HARA
 Print or Type Name of Authorized Representative

FILED

FEB 29 2016

HL 483