



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.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |       |  |                    |                     |     |
|---|-------|--|--------------------|---------------------|-----|
| 1. Entity ID No.<br><b>000121508</b>  |       | 2. Exact name of the limited liability company<br><b>Baystate Financial Services, LLC</b>                |                    |                     |     |
| 3. State of Formation<br><b>MA</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Investing Advising</b> |                    |                     |     |
| 5. Principal office address<br><b>200 Clarendon Street, 19th Floor</b>  |       | City<br><b>Boston</b>  | State<br><b>MA</b> | Zip<br><b>02116</b> |     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |       |  |                    |                     |     |
| Contact Name<br><b>Robert Goscinak</b>  |       | Contact Title<br><b>Comptroller</b>  |                    |                     |     |
| Street Address<br><b>200 Clarendon Street, 19th Floor</b>   |       | City<br><b>Boston</b>  | State<br><b>MA</b> | Zip<br><b>02116</b> |     |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |  |                    |                     |     |
| Manager Name  |       | Manager Name   |                    |                     |     |
| Street Address  |       | Street Address   |                    |                     |     |
| City  | State | Zip  | City               | State               | Zip |
| Manager Name  |       | Manager Name   |                    |                     |     |
| Street Address  |       | Street Address   |                    |                     |     |
| City  | State | Zip  | City               | State               | Zip |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |       |  |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |  |                    |                     |     |

**FILED**

**APR 29 2016**

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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.

Signature of Authorized Person

Date

**Robert Goscinak**

Print or Type Name of Authorized Person