

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 2014

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. 000121508	2. Exact name of the limited liability company Baystate Financial Services, LLC				
3. State of Formation	A Brief desc	rintian of the charac	ter of business conducted in Rho	ndo folond	
MA		Advising	ter of business conducted in And	ide isiano	
5. Principal office address 200 Clarendon Street, 19th Floor			City Boston	State MA	Zip 02116
	ITED LIABILIT	Y COMPANY AND I	NAME OR TITLE OF CONTACT	PERSON:	a de la companya de
Contact Name Robert Goscinak			Contact Title Comptroller		
Street Address 200 Clarendon Street, 19th Floor			City Boston	State MA	Zip 02116
7. LIST <u>ALL</u> MANAGERS (NAI ("X" BOX FOR ATTACHMEN	MES AND ADD	RESSES) OF THE L	IMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		2016 CC CC SEC
Street Address			Street Address Street		
C/h	104-4-			10	71.7
City	State	Zip	City	State	ZIG ART
8. RESIDENT AGENT IN RHOD	E ISLAND			<u> </u>	星 岩市南
This information is currently o	f record in the		etary of State. Changes require	filing Form 642.	9: 35
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BY_ <u>(</u>	1 2	113217			
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File Date	·		this report, including	anv.accompanying/	irm that I have examined chedules and statements
Check No			and that all statemen	nts contained herein a	ire true and correct. 4 76 16
By:			Signature of Authorize	ed Person	Date
FOR SECRETARY OF STATE USE ONLY			Robert Goscina	_k ∪	
FOR SECRETARY OF STATE	VOL VALI		Print or Type Name of	f Authorized Person	

Form No. 632 Revised: 01/2012