

Annual Report for the year: 2016 **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
	Law	OFF. CO.	of Thomas	4.08v	en, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island						
RI	Practice of Law						
5. Principal Office Address 303 Jefferson Boulevard			City	State	Zip 048 &		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Street Address 303 fetterson Boulevol			Contact Title Atturney				
Street Address 303 kt	ferson f	Boulevad	City warwick	State	20 1-6e		
7. List ALL managers (names and addresses) of the Limited 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				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person Chanas H. W. Srieu Date 6/30/14					0/16		
Signature of Authorized Rerson							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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