s s	State of Rhode Island and P Office of the Secre		Fee: \$50.00	
	Division Of Busine	ss Services		
148 W. River Street				
	Providence RI 02904-2615			
HOPE	(401) 222-3	040		
Limited Liability Com	npany			
Annual Report				
Filing Period: September 1	- November 1			
	7-16-66(d), each limited liability co			
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR:	: <u>2016</u>			
1. ID No. <u>00012657</u>	2			
2. Exact Name of the Limited Liability Company <u>ADVISED ASSETS GROUP, LLC</u>				
3. State of Formation				
State: <u>CO</u>				
	ARTICLE III			
Using the following NAICS	S codes, please select the code that	best describes your business.		
NAICS Code		6 81		
4. Brief Description of th	e Character of the Business Whi	ch is Actually Conducted in Rhc	de Island	
INVESTMENT ADVIS	OR (FEDERALLY-REGISTERE	<u>D)</u>		
5. Principal Office Addre	255			
No. and Otre at 95151				
	No. and Street:8515 EAST ORCHARD ROADCity or Town:GREENWOOD VILLAGEState: COZip: 80111Country: USA		ntry: USA	
		51410. <u>CO</u> Zip. <u>60111</u> Cou		
6. Mailing Address of Li	mited Liability Company and Nar	ne or Title of Contact Person:		
Contact Name: Contact	Title:			
	EAST ORCHARD ROAD			
City or Town: GREE	NWOOD VILLAGE	State: <u>CO</u> Zip: <u>80111</u> Cou	ntry: <u>USA</u>	
7. Name and Address of DO NOT LIST MEMBE	FEach Manager of the Limited Li RS	ability Company, if Applicable.		
Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode, Country	
MANAGER	STEPHEN E JENKS	8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 USA		
MANAGER	WILLIAM J MCDERMOTT	8515 EAST ORCHARD ROAD		

		GREENWOOD VILLAGE, CO 80111 USA		
MANAGER	DAVID G MCLEOD	8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 USA		
MANAGER	WILLIAM S HARMON	8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 USA		
MANAGER	CAROL E WADDELL	8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 USA		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 <u>CT CORPORATION SYSTEM</u> 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST <u>PROVIDENCE</u> , <u>RI</u> 02914				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				
<b>Signed this 26 Day of September, 2016 at 8:43:18 PM by the authorized person.</b> <i>This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.</i>				
By <u>BRADLEY SLENKER</u> Signature of Authorized Person				
Form No. 632 Revised 09/07				
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