



State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing 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.

1. ID No. 163153	2. Exact name of the limited liability company Absent Malice, LLC			3. NAICS Code 52	
4. Brief description of the character of the business which is actually conducted in Rhode Island Engage in investment activities.				5. State of Formation Rhode Island	
6. Principal office address 9 Holly Lane		City Rye	State NY	Zip 10580	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Steven M. Bowman		Contact Title Manager			
Street Address 9 Holly Lane		City Rye	State NY	Zip 10580	
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Steven M. Bowman			Manager Name		
Street Address 9 Holly Lane			Street Address		
City Rye	State NY	Zip 10580	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

FILED

SEP 29 2016

This report must be executed by an authorized person pursuant to R.I.G.L. 6-66 (b).

BY 1425905

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

9/19/16

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY

Steven M. Bowman, Manager

Print or Type Name of Authorized Person