



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 2016

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. 146486		2. Exact name of the limited liability company RADIAN CLAYTON SERVICES LLC			
3. State of Formation DELAWARE		4. Brief description of the character of business conducted in Rhode Island CONTRACT UNDERWRITING, QUALITY CONTROL AND OTHER REAL ESTATE RELATED SERVICES			
5. Principal office address 1601 MARKET STREET		City PHILADELPHIA	State PA	Zip 19103	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT V. RADICIONI		Contact Title MANAGER			
Street Address 1601 MARKET STREET		City PHILADELPHIA	State PA	Zip 19103	
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"/>					
Manager Name ROBERT V. RADICIONI		Manager Name RICK ALTMAN			
Street Address 1601 MARKET STREET		Street Address 1601 MARKET STREET			
City PHILADELPHIA	State PA	Zip 19103	City PHILADELPHIA	State PA	Zip 19103
Manager Name ZOE DEVANEY		Manager Name			
Street Address 1601 MARKET STREET		Street Address			
City PHILADELPHIA	State PA	Zip 19103	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 03 2016

1200231

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.

Robert V. Radicioni 9/28/16
Signature of Authorized Person Date

ROBERT V. RADICIONI

Print or Type Name of Authorized Person