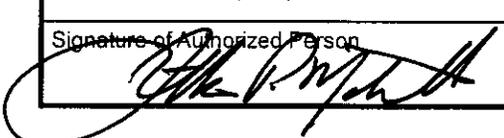




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------|--------------------|--------------------------|-----|
| 1. Entity ID Number 789870 | | 2. Exact name of the Limited Liability Company J.P. MATRULLO FINANCIAL, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Financial planning. | | | |
| 5. Principal Office Address 25 Phillips Court | | City Cranston | State RI | Zip 02921 | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Stephen J. DiGianfilippo, Esq. | | Contact Title Attorney | | | |
| Street Address 50 Park Row West, Suite 111 | | City Providence | State RI | Zip 02903 | |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Jonathan P. Matrullo | | Manager Name | | | |
| Street Address 25 Phillips Court | | Street Address | | | |
| City Cranston | State RI | Zip 02921 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 Jonathan P. Matrullo | | | | Date 9/30/2016 | |
| Signature of Authorized Person  | | SIGN DOCUMENT HERE | | | |

FILED *JR*

OCT 14 2016

BY 10494

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov