



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. 000760510	2. Exact name of the limited liability company Light Bulb Inventions, LLC	3. NAICS Code 51		
4. Brief description of the character of the business which is actually conducted in Rhode Island Intellectual property holding, development and investment.		5. State of Formation Rhode Island		
6. Principal office address 9 Collins Avenue		City Westerly	State RI	Zip 02891
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Joseph A. Morrone		Contact Title Manager		
Street Address 9 Collins Avenue		City Westerly	State RI	Zip 02891
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS: <input type="checkbox"/> (SEE BOX FOR ATTACHMENT)				
Manager Name Joseph A. Morrone		Manager Name Roger C. Avery		
Street Address 9 Collins Avenue		Street Address 9 Collins Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
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.				

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

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

FILED

OCT 17 2016

By: _____

1011
LD

Signature of Authorized Person

Date

Joseph A. Morrone, Manager

Print or Type Name of Authorized Person