State of Rhode Island and Providence Plantations  Department of State - Business Services Division	
Annual Report for the year: 2016 Limited Liability Company	
<ul> <li>→ Filing period: September 1 - November 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by December 1.</li> </ul>	

Entity ID Number	2. Exact name of the Limited Liability Company					
488103	M. W. KEABLE ADVISORY COMPANY, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
54 - Professional, Scientific, a	LEGAL AND FINANCIAL SERVICES					
5. State of Formation	†					
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
1357 VICTORY HWY.			OAKLAND	RI	02858-1015	
7. Mailing Address of Limited Lia	bility Compa	ny and Name or Ti	tle of Contact Person			
Contact Name MICHAEL W. KEABLE		Contact Title MANAGER				
Street Address 1357 VICTORY HWY.		City OAKLAND	State RI	Zip 02858-1015		
8. List ALL managers (names ar	d addresses	) of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name MICHAEL W. KEABLE		Manager Name				
Street Address 1357 VICTORY HWY		Street Address				
City OAKLAND	State RI	Zip 02858	City	State	Zip	
Manager Name		Manager Name				
Street Address			Street Address			
a T		<del></del> ,				
City	State	Zip	City	State	Zip	
				Check the box to	ndicate an attachment	
9. Resident Agent in Rhode Island	1. This informa	ation is currently of re	cord with the Department of Sta	ate. Changes require filir	ng Form 642.	
Under penalty of perjury, I decl statements, and that all statem	are and affir	m that i have exa	mined this report including	g any accompanyin	g schedules and	
Name of Authorized Person			Date			
MICHAEL W. KEABLE				10/20/2016		
Signature of Authorized Person	///	SIGN DO	CUMENT HERE			

## MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OCT 2 4 2016 \Y\A