



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.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>001654232</b>                                                                                                                                                              |                    | 2. Exact name of the Limited Liability Company<br><b>Talent Jeffrey, LLC</b>                                      |                        |                         |                     |
| 3. NAICS Code<br><b>71</b>                                                                                                                                                                           |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Talent Scout and Management</b> |                        |                         |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                         |                    |                                                                                                                   |                        |                         |                     |
| 6. Principal Office Address<br><b>PO Box 16332</b>                                                                                                                                                   |                    | City<br><b>Rumford</b>                                                                                            | State<br><b>RI</b>     | Zip<br><b>02916</b>     |                     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |                    |                                                                                                                   |                        |                         |                     |
| Contact Name<br><b>Jeffrey Starr Mararian</b>                                                                                                                                                        |                    |                                                                                                                   | Contact Title          |                         |                     |
| Street Address<br><b>PO Box 16332</b>                                                                                                                                                                |                    |                                                                                                                   | City<br><b>Rumford</b> | State<br><b>RI</b>      | Zip<br><b>02916</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |                    |                                                                                                                   |                        |                         |                     |
| Manager Name<br><b>Jeffrey Starr Mararian</b>                                                                                                                                                        |                    |                                                                                                                   | Manager Name           |                         |                     |
| Street Address<br><b>PO Box 16332</b>                                                                                                                                                                |                    |                                                                                                                   | Street Address         |                         |                     |
| City<br><b>Rumford</b>                                                                                                                                                                               | State<br><b>RI</b> | Zip<br><b>02916</b>                                                                                               | 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 with 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<br><b>Jeffrey Starr Mararian</b>                                                                                                                                           |                    |                                                                                                                   |                        | Date<br><b>10-20-16</b> |                     |
| Signature of Authorized Person<br><i>Jeffrey Starr Mararian</i>                                                                                                                                      |                    |                                                                                                                   |                        |                         |                     |

MAIL TO:  
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By 286966  
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