



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2016

1. ID No. 000162514

2. Exact Name of the Limited Liability Company TMFS-Providence, LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 52

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

OPERATING THE MUTUAL FUND STORE® OFFICE IN PROVIDENCE, RHODE ISLAND, WHICH OFFICE IS A FRANCHISEE OF THE MUTUAL FUND STORE, INC., A FEE-BASED INVESTMENT MANAGEMENT FIRM SPECIALIZING IN MUTUAL FUND INVESTING.

5. Principal Office Address

No. and Street: 1000 BALD HILL ROAD, SUITE 5
City or Town: WARWICK State: RI Zip: 02886 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: CLARK GAY Contact Title: MANAGING MEMBER
No. and Street: 11095 METCALF
City or Town: OVERLAND PARK State: KS Zip: 66210 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	CLARK GAY	11095 METCALF OVERLAND PARK, KS 66210- USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

RAYMOND GUTOWSKI 1000 BALD HILL ROAD, SUITE 5 WARWICK , RI 02886

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

Signed this 29 Day of November, 2016 at 7:57:13 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DOUG FRIEDRICHSEN
Signature of Authorized Person

Form No. 632
Revised 09/07

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