



**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:** 2017

**1. ID No.** 001668704

**2. Exact Name of the Limited Liability Company** GEA SPHERE LLC

**3. State of Formation**

State: DE

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

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

GEASPHERE ADVISORS PROVIDES FINANCIAL PLANNING AND PORTFOLIO MANAGEMENT SERVICES ON A FEE BASIS. WE ADVISE INDIVIDUALS AND CORPORATIONS ON INVESTMENTS AND WE MANAGE THE INVESTMENTS USING MODEL PORTFOLIOS ACROSS SEVERAL CUSTODIANS AND PLATFORMS. WE ARE REGISTERED INVESTMENT ADVISORS WORKING OUT OF TWO PRIMARY LOCATIONS. OUR HOME OFFICE LOCATED AT 55 MYSTERY FARM DRIVE CRANSTON RI AND OUR CLIENT MEETING OFFICE LOCATED AT 3797 POST ROAD WARWICK RI.

**5. Principal Office Address**

No. and Street: 55 MYSTERY FARM DRIVE

City or Town: CRANSTON

State: RI Zip: 02921 Country: USA

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

Contact Name: EDUARD HAMAMJIAN Contact Title: MANAGING DIRECTOR  
No. and Street: 55 MYSTERY FARM DRIVE  
City or Town: CRANSTON State: RI Zip: 02921 Country: USA

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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	EDUARD HAMAMJIAN	55 MYSTERY FARM DRIVE CRANSTON, RI 02921 US
MANAGER	PERCHUHY HAMAMJIAN	55 MYSTERY FARM DRIVE CRANSTON, RI 02921 US

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

EDWARD HAMAMJIAN 55 MUSTERY FARM DRIVE CRANSTON , RI 02921

**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 August, 2017 at 10:02:07 AM 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 EDUARD HAMAMJIAN  
Signature of Authorized Person

Form No. 632  
Revised 09/07