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. 001336203

2. Exact Name of the Limited Liability Company AMY ELIZABETH SERVICES, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

561110

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

I OWN AND OPERATE A FAMILY WEALTH SERVICES BUSINESS. DAILY OPERATIONS INCLUDE:
ACCOUNT RECONCILIATION, STATEMENT AGGREGATION,COMPILATION & PREPARATION OF TAX
INFORMATION FOR SUBMISSION TO ACCOUNTANT, ESTATE PLANNING SERVICES, ACCOUNT
MAINTENANCE SERVICES, CUSTOMER SERVICE LIAISON, BILL PAYMENT, PHILANTHROPIC
COORDINATION & RECORD KEEPING, MAIL SORTING & ELECTRONIC FILE ARCHIVAL, RESEARCH &
ANALYSIS.

5. Principal Office Address

No. and Street: 11 DARTMOUTH ST.
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

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

Contact Name: Contact Title:

No. and Street: PO BOX 3453
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

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

AMY SMITH DWYER 11 DARTMOUTH ST. NEWPORT , RI 02840

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

Signed this 5 Day of September, 2017 at 1:32:43 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 AMY SMITH DWYER
Signature of Authorized Person

Form No. 632
Revised 09/07