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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.*

1. ID No	2. Exact name of the limited liability company
95708	Gerald J. Diebold Management Associates, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	Investment (523110)

5. Principal office address	City	State	Zip
Dept. Chemistry Box H Brown University	Providence	RI	02912

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Gerald Diebold	President

Street Address	City	State	Zip
Dept. chemistry Box H Brown University	Providence	Ri	02912

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Gerald J. Diebold	
Street Address	Street Address
Dept. Chemistry Box H Brown University	

City	State	Zip	City	State	Zip
Providence	RI	02912			

Manager Name	Manager Name
Street Address	Street Address

City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

FILED

OCT 13 2017

BY 140 KM

This report must be executed by an authorized person pursuant to R

95708

[redacted]

[redacted]

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.

10/11/17

Signature of Authorized Person *Date*

[redacted]

Gerald J. Diebold

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY