STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the limited liability company		
531969	TARRO & MAROTTI LAW FIRM, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	Practice Law 541110		
5. Principal office address	City	State	Zip
300 Centerville Road, Summit East, Suite 330	Warwick	RI	02886

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

Contact Name	Contact Title		
Thomas A. Tarro, III	Managing Member		
Street Address	City	State	Zip
300 Centerville Road, Summit East, Suite 330	Warwick	RI	02886

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Thomas A. Tarro, III					
Street Address			Street Address		
300 Centerville Road, Summit East, Suite 330					
City	State	Zip	City	State	Zip
Warwick	RI	02886			
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 Form 642.

FILED
OCT 23 2017
BY: 435105

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.

Thomas A. Tarro 9/29/17
Signature of Authorized Person — Date

Thomas A. Tarro, III
Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 632
Revised: 01/2012