s s	tate of Rhode Island and P Office of the Secre		Fee: \$50.00
	Division Of Busine	ss Services	
	148 W. River		
	Providence RI 02		
HOPE	(401) 222-3	040	
Limited Liability Com Annual Report	pany		
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability con n thirty (30) days after the time pres penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000799632</u>	2		
2. Exact Name of the Lin	mited Liability Company <u>GENE</u>	RATIONS FINANCIAL STI	RATEGIES,
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Entor the civ digit NAICS (Code that best describes the primar	v husiness conducted by the o	atity Download
-	e information on <u>NAICS</u> can be foun	· · · · · · · · · · · · · · · · · · ·	niny. Download
522000			
<u>523999</u>			
4. Brief Description of th	e Character of the Business Whi	h is Actually Conducted in F	Rhode Island
INSURANCE AND FIN	JANCIAL SERVICES		
5. Principal Office Addre	SS		
No. and Street: <u>935</u>	JEFFERSON BLVD		
	<u>FE 2000</u>		
City or Town: WA	<u>RWICK</u> Sta	te: <u>RI</u> Zip: <u>02886</u> Cou	untry: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Nar	ne or Title of Contact Person	:
Contact Name: GENE N	ADEAU Contact Title: MEMBER/	PRESIDENT	
	EFFERSON BLVD.		
	E 2000		
City or Town: WAR	<u>WICK</u> Sta	ate: <u>RI</u> Zip: <u>02886</u> Co	untry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBEI	Each Manager of the Limited Lia	bility Company, if Applicabl	e.
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zi	p Code, Country
			•

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

AMANDA RIVERS 7 SCHOOL STREET JOHNSTON, RI 02919

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

Signed this 31 Day of January, 2018 at 4:42:43 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 <u>GENE A NADEAU</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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