RI SOS Filing Number: 201877916270 Date: 9/21/2018 9:53:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATE CORPORATIONS DIV

2018 SEP 21 AM 9: 52

Annual Report for the year: __ 2016 **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Branch Company Description of the Limited Liability Company Family Law Associates LLC	4.5.4.10.4						
6. Principal Office Address 190 Broad Street, Suite IE Providence 181 02903 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Hans T Bremer Contact Title Manager After Address Street Address 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address Street Address City State Zip City State Zip City State Zip City State Zip Chesk the box to indicate an attachment 9 Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filting Form 642. 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. Name of Authorized Person Date Ogla 1 18		2. Exact name of the Limited Liability Company, Bremer Law & Associates, LLC					
Providence Pro	541110	Law office Specializing in immigration and family law.					
Providence Pro							
Contact Title Owner Afformer Size Address 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip Check the box to indicate an attachment 9 Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 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. Name of Authorized Person Date 20/21/18				Providence	State RI	02903	
Hans J. Bremer Size Address Street, Suite E City Providence Stale I Zip City Manager Name Street Address Street Address City State Street Address City State Zip Check the box to indicate an attachment 9 Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 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. Name of Authorized Person Taykulka Polanco Date Ogla 118	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address Street Address City State Zip Manager Name Manager Name Manager Name Street Address Street Address City State Zip City State Zip Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 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. Name of Authorized Person Date Dat	Hans J. Bremer			Owner/Attorney			
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Javielka Polanco 09/21/18	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and						
Signature of Authorized Person Authorized Person	Javielka rolanco 09/21/18						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 9:53
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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

September 21, 2018 09:53 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

