



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 21 2019

BY

1. Entity ID Number 144603		2. Exact name of the Corporation LL3, INC.			
3. Principal Office Address 40 HIDDEN LANE			City EAST GREENWICH	State RI	Zip 02818
4. NAICS Code 541618		6. Brief description of the character of business conducted in Rhode Island ASSET MANAGEMENT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ERIN C. O'HARA			Vice President Name NONE		
Street Address 53 WEST 72ND STREET, APT. 7D			Street Address		
City NEW YORK	State NY	Zip 10023	City	State	Zip
Secretary Name MEGHAN K. O'HARA			Treasurer Name KAITLIN B. O'HARA		
Street Address 699 EAST 2ND STREET, #2			Street Address 81 ELMGROVE AVENUE		
City SOUTH BOSTON	State MA	Zip 02127	City PROVIDENCE	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ERIN C. O'HARA			Director Name KAITLIN B. O'HARA		
Street Address 53 WEST 72ND STREET, APT. 7D			Street Address 81 ELMGROVE AVENUE		
City NEW YORK	State NY	Zip 10023	City PROVIDENCE	State RI	Zip 02906
Director Name MEGHAN K. O'HARA			Director Name		
Street Address 699 EAST 2ND STREET, #2			Street Address		
City SOUTH BOSTON	State MA	Zip 02127	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	COMMON	\$1.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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 Representative Erin C O'Hara					Date 2/15/19
Signature of Authorized Representative [Signature] SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov