	State of Rhode Office of the Secreta		Fee: \$50.0
	Division Of Busines 148 W. River S Providence RI 029	treet	
HOPE	(401) 222-30	40	
Limited Liability Comp Annual Report Filing Period: September 1 -	, in the second s		
	7-16-66(d), each limited liability com thirty (30) days after the time preso enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>001672586</u>			
2. Exact Name of the Lim	ited Liability Company Symmet	ry Partners, LLC	
3. State of Formation			
State: <u>CT</u>			
	ARTICLE III		
the list of codes <u>here.</u> More <u>523930</u>	information on <u>NAICS</u> can be found	online.	
4. Brief Description of the	Character of the Business Which	h is Actually Conducted i	n Rhode Island
INVESTMENT ADVICE			
5. Principal Office Address	S		
No. and Street: <u>151 N</u>	ATIONAL DRIVE		
City or Town: <u>GLAS</u>	STONBURY State	:: <u>CT</u> Zip: <u>06033</u>	Country: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Nam	e or Title of Contact Pers	ion:
-			
Contact Name: Contact T No. and Street: 151 N	ATIONAL DRIVE		
	TONBURY State:	<u>CT</u> Zip: <u>06033</u> C	Country: <u>USA</u>
7. Name and Address of E DO NOT LIST MEMBER	Each Manager of the Limited Lia S	bility Company, if Applica	able.
Title	Individual Name	Addres	S
	First, Middle, Last, Suffix	Address, City or Town, State	e, Zip Code, Country
MANAGER	PATRICK A SWEENY	151 NATION GLASTONBURY, CT	
MANAGER	DAVID CONNELLY JR.	151 NATION	IAL DRIVE

GLASTONBURY, CT 06033 USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 15 Day of October, 2020 at 5:22:25 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 PATRICK A. SWEENY

Signature of Authorized Person

Form No. 632 Revised 09/07

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