



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 001699669

**2. Exact Name of the Limited Liability Company** Robbins Partnership, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

523930

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

PROVIDE FINANCIAL ADVISE TO CLIENTS AND PLACE BUY/SELL ORDERS FOR STOCKS AND MUTUAL FUNDS IN ORDER TO MEET THE ASSET ALLOCATIONS DEVELOPED FOR THE CLIENTS.

MY BUSINESS IS NO LONGER IN RI. AS OF 18 JUNE 2021 I AM A RESIDENT OF FLORIDA, DOING BUSINESS IN FLORIDA. THIS IS A FIMAL FILING AND NOTICE OF TERMINATION OF MY LLC PARTNERSHIP IN RHODE ISLAND.

**5. Principal Office Address**

No. and Street: 472 CAPTAINS CIRCLE

City or Town: DESTIN

State: FL

Zip: 32541

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MARTIN L ROBBINS Contact Title:

No. and Street: 472 CAPTAINS CIRCLE

City or Town: DESTIN

State: RI

Zip: 32541

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	MARTIN L ROBBINS	472 CAPTAINS CIRCLE DESTIN 32541 USA

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

MARTIN ROBBINS 181 PROSPECT FARM RD PORTSMOUTH , RI 02871-3956

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

*Signed this 28 Day of August, 2021 at 6:37:00 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 MARTIN L ROBBINS  
Signature of Authorized Person

Form No. 632  
Revised 09/07