

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filling Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>792842</b>		2. Exact name of the limited liability company Atlantic Financial, LLC				
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
RI	To lend money for financing residential and commercial properties for resale and any other business permitted under the Act					
5. Principal office address 70 Gansett Avenue			City Cranston	State RI	Zip <b>02910</b>	
6 MAILING ADDRESS O	ELMITED LIABILI	TY COMPANY AND N	AMB OF TITLE OF CONTACT	PERSON:	A STATE OF THE STA	
Contact Name Anthony L. Emma			Contact Title			
Street Address 70 Gansett Avenue			City Cranston	State RI	Zip 02910	
7. LIST <u>all</u> managers ("X" box for attaci	(NAMES AND ADI HMENT) [	DRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name Insignia Real Estate Company, LLC			Manager Name			
Street Address 70 Gansett Avenue			Street Address			
City Cranston	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN F	4.7					
This information is currer	ntly of record in the	Office of the Secret	ary of State. Changes require	filing Form 642.		

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JAN 15 2014 1016/20968

File Date	
Check No	
By:	
FOR SECRETARY OF ST	ATE USE ONLY

Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

9/26/13 Date

Anthony L. Emma

Print or Type Name of Authorized Person