



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2611
401.221.2000

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010
 Filing Period: September 1 - November 1 • Filing Fee: \$50.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.
 * 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. 7-16-65 (b)(2) is subject to a penalty fee of \$25.00)

1. ID No. 139448		2. Legal Name of the Limited Liability Company ADAPT ENTAPRIZE LLC	
3. Jurisdiction Rhode Island		4. Brief description of the nature of the business which is actually conducted in Rhode Island INVESTMENTS	
5. Principal office address 3 FOX RUN		City Westbury	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Russell Amoruso		City Westbury	State RI
Street Address 3 FOX RUN		City Westbury	State RI
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)		City Westbury	State RI
Manager Name		City	State
Street Address		City	State
City		City	State
State		City	State
Zip		City	State
Manager Name		City	State
Street Address		City	State
City		City	State
State		City	State
Zip		City	State
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11		City	State
		City	State
		City	State
		City	State

Pd #593
9-1-10

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

File Date **FILED**
 Check No. **SEP 02 2010**
 By **593**
 FOR SECRETARY OF STATE USE ONLY

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.

Russell Amoruso **9-1-10**
 Signature of Authorized Person Date
RUSSELL AMORUSO
 Print or Type Name of Authorized Person