

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 148 W. River St.

Providence, RI 02904-2615 401.222.3040

2. Name of Corporation

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

101433	I V-3	. LLC			
3. Street Address Principal Business	Office 1ADWA7		CUYPROVIDENCE	state R.Z_	2ip 0 2 5 6 5
4. Business Phone No. 4. J - P61 - 7 6. Brief Description of the Characte	(5. State of Incorporation	7		·
6. Brief Description of the Characte	r of Business Conducted in	Rhode Island 674FR FER		F	
7. NAMES AND ADDRESSE President Name	S OF THE OFFICERS	("X" BOX FOR ATT	ACHMENT) TILL IN SPACE	ES BEFORE USING A	TTACHMENTS
MAR. PALCMEU			Vice President Name		
Street Address 71 ROUADWAY City PROVIDENCE State RZ Zip C2507			Street Address		
CUP PROVIDENCE	State RZ	(24) (25c)	City	State	Zip
Secretary Name	*************************		Treasurer Name	•••••••••••••••	······
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSE	I S OF THE DIRECTOR	 RS:	: <i>Tachment)</i>	I ACES BEFORE USING	ATTACHMENTS
Director Name MARIU PALUMBE Street Address			Director Name		
Street Address SAME	ΑJ	1 Pour	Street Address		
Clh;	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	СИу	State	Zip
9. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	CHMENT)	10. SHARES ISSUED ("X ISSUED SHARES THIS SECTIO		MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8000	A	NON	Puc v	A	NON
·				<u> </u>	
This report must be executed this report must be executed	d on behalf of the cor	poration by an authoriz	ed representative. If the corpo	ration is in the hands of	of a receiver or trustee.
	i on behalf of the eorg	oranon by the receiver	or trustee.		
		_			at I have examined this reportments, and that all statement
			contained herein are tru	e and correct.	
File Date FLED			Signature		Date 195
Check No. OCT 0 5 200)7		MARIC	PALCA	
By:	73	_	Print or Type Name	-	<u> </u>
FOR SECRETARY OF S	TATE USE ONLY		Title	i Pf. 17	<u> </u>
	, J. 5150	_	ruie		Form 630 Rev. 08/06