

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

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.

1. ID No.	3. Engel warm of the limit of the						
	i	2. Exact name of the limited liability company					
<u> 130508</u>	Basix, LLC						
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island							
RHODE ISLAND	CONSULTING						
5. Principal office address 2 Delbonis Drive 6. Mailing address of limited Liability Company and Nam			West Lineston	State R.	1. 02892		
Contact Name Glenn Clark Street Address			President/CEO				
2 Delbonis Drive			West Kingston	State K.	71. 02892		
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" MOX FOR ATTACHMENT)							
Manager Name Glenn Clark			Manager Name				
Street Address 2 Dubonis Drive			Street Address	Street Address			
W. Kingston	State L. 1.	2ip 02892	City	State	Zip		
Manager Name U			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGEN	I IN RHODE ISLAND - D	O NOT ALTER - Char	ges require filing of Form 64	2 - R.I.G.L. 7-1	6-11		
Agent Name			Address	Address			
GLENN R. CLARK							
Address			City	Zip			
2 DELBONIS DRIVE			WEST KINGSTON		02892-		

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

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File Date	FILED
Check No.	NOV_14.2007
Ву:	Bv 103
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm	
including any accompanying schedules and scontained herein are true and correct.	statements, and that all statements
Muno Clark	11/1/2014
Signature of Authorized Person	Date
_ Glenn R. Clark	
Print or Type Name of Authorized Person	