RI SOS Filing Number: 200835400460 Date: 09/17/2008 4:00 PM

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 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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.	2. Exact name of the limited liability company		
112596	dwww.com.llc		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
Rhode Island	HUMAN RESOURCE CONSULTING		
5. Principal office address	City	State	Zip
74D VALLEY GREEN CT.	NORTH PROVIDENCE	RI	02904

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
CHESTER S. LABEDZ, JR.	Manager		
Street Address	City	State	Zip
74D VALLEY GREEN CT.	NORTH PROVIDENCE	RI	02904

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) ☐

Manager Name	Manager Name
CHESTER S. LABEDZ, JR.	
Street Address	Street Address
74D VALLEY GREEN CT.	
City / State / Zip	City / State / Zip
NORTH PROVIDENCE / RI / 02904	
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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

Agent Name	Address	
JOHN J. PARTRIDGE, ESQ.	180 South Main Street	
Address	City	Zip
PARTRIDGE SNOW & HAHN LLP	Providence	02903

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

[redacted] [redacted]

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.

Chester S. Labedz 09/08/08
Signature of Authorized Person *Date*

CHESTER S. LABEDZ, JR.
Print or Type Name of Authorized Person

File Date FILED
Check No. SEP 17 2008
By 152337
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[redacted]

25870-20-277589

Form 632 Rev. 07/07