

R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

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 <u>2008</u>

iling 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

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4. Brief descripti Real Estate	on of the character of the b	nusiness which is actually conducted in	Rhode Island		
5. Principal office address 475 Kilvert Street			State RI	<i>Zф</i> 02886	
RESS OF LIMITED LIAB In	ILITY COMPANY AN	D NAME OR TITLE OF CONT. Contact Title Controller	ACT PERSON:		
Street Address 475 Kilvert Street			State RI	7.ip 02886	
Manager Name None		Manager Name	Manager Name		
Street Address		Street Address	Street Address		
State	Zip	City	State	Zip	
Manager Name		Manager Name	Manager Name		
Street Address		Street Address	Street Address		
State	Zip	City	State	Zip	
ent in RHODE ISLAND currently of record in the	Office of the Secretary	y of State. Changes require filing	g of Form 642 - R.I.G.L. 7-	16-11	
	Mashuena Capital 4. Brief description Real Estate ess of RESS OF LIMITED LIABI IN OF DRESS OF EACH MANA FILL IN State State	Real Estate ess et RESS OF LIMITED LIABILITY COMPANY AN en et DRESS OF EACH MANAGER OF THE LIMIT FILL IN SPACES BEFORE US State State Zip ENT IN RHODE ISLAND	Mashuena Capital, LLC 4. Brief description of the character of the business which is actually conducted in Real Estate City Warwick RESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTROL Contact Title Controller City Warwick DRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BC Manager Name Street Address State Zip City Manager Name Street Address Street Address Street Address City ENT IN RHODE ISLAND	Mashuena Capital, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate City Warwick RI RESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Controller City Warwick RI DRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NO' FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Street Address State State Zip City State State State State Street Address Street Address	

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

File Date

FILED

Check No.

NOV 03 2018

By:

FOR SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I declare and affirm that I have examined this reporincluding any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature of Authorized Person

Paul Dimes

Print or Type Name of Authorized Person

Ma Wember