

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

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

	ubject to a penalty fee of \$25					
LID YO	2. Exact name of the limited SPORIC CON	ما ۔	MALICALI			
2 State of the security of	0101013 :01	<u> </u>	RUPUC	11. 1		
3. State of Formation	I "	_ "	iness which is actually conducted in Rhode			
CHIO	<u> </u>	all luck t	TELD INSTALLATION		1	
5. Principal office address	Charle (Mrc	(U.T. 200	CUPVELAND	State CHO	74 u Z	
6. MAILING ADDRESS	SIXTH STREET		0.0.0.0		1 4410	
Contact Name	OF LIMITED LIABIL	III COMPANI AND	Contact Title	FERSON:		
KELLY KOST			PONTROLLE	CONTROUBL		
Street Address	1.0.0.		City	State	Zip	
1400 WEST	SIXTH STREET	SUITE 200	CLEVELAND	L CH10	44113	
7. NAME AND ADDRE			LIABILITY COMPANY, IF APPLI		LIST MEMBERS	
	FILL IN S	PACES BEFORE USIN	G ATTACHMENTS ("X" BOX FOR	RATTACHMENT)		
Manager Name			Manager Name	Manager Name		
					ري	
Street Address			Street Address			
City	State	Zip	City	State	/# P	
Manager Name					l.iã	
manager rame			Manager Name		and the	
Street Address			Street Address			
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City	State	Zip	City	State	74 G	
			:			
8. RESIDENT AGENT		FC	£0. 01 : 03 : 03	(40 010) 011	••	
1 nis information is curr	ently of record in the O	iffice of the Secretary o	f State. Changes require filing of Fo	rm 642 - R.I.G. L., 7-16-	11	

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

File Date	FILED
Check N	OV 2 8 2008
Ву	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.

Signature of Authorized Person

Date