

Check No. .

FOR SECRETARY OF STATE USE ONLY

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 In accordance with R.I.G.L. 7-16-(R.I.G.L. 7-16-66 (b&c)) is subject	66 (d), each limited habilit	Fee: \$50.00* • THIS I y company failing or refusing	REPORT MUST BE TYPED (to file its annual report within thirty (.	OR PRINTED LEGIBL 60) days after the time prescrit	Y IN BLACK INK. bed by law
135921 6	Squapait J	Develop	mont to the	<u></u>	
3. State of Formation Rhycle ICLAN	4. Brief description of the Build 1	be character of the business u	other is actually conducted in Rhode I.	skind	
5 Principal office address P.O. BOX	649		Timestown	State RT	24 D2835
6. MAILING ADDRESS OF Contact Name	LIMITED LIABILITY	COMPANY AND NAM	E OR TITLE OF CONTACT P. Contact Title	,	
Michael NETRO			Contact Title Fire Side to State 23p		
Street Address P. 0 RoX 649			James town	RI	02835
	OF EACH MANAGER	OF THE LIMITED LIA ES BEFORE USING AT	BILITY COMPANY, IF APPLIC TACHMENTS ("X" BOX FOR	CABLE - <u>DO NOT LI</u> ATTACHMENT) []	ST MEMBERS
Manager Same M. E. Gas / NETRO			Manager Name		
Bred Address 136 America Way			Street Address		
Tames tours	State 10 I	2ip 0) 835	Сиу	State	Zip
Manager Name		.,1	Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN F		e of the Secretary of Stat	te. Changes require filing of For	m 642 - R.I.G.L. 7-16-1	2003 J
	is all the second of				N 21
					7
	This report must	be executed by an auth	norized person pursuant to R.I	.G.L. 7-16-66 (b).	
		—		anying schedules and state	at I have examined this report ements, and that all statement
File Date	FILED			the and correct.	
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Signature of Authorized Person