

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

(R.I.G.L. 7-16-66 (b&c)) is subj	ect to a penalty fee of \$25.00				
127713 2.1	Exact name of the limited lia	hility company /ruck(n	g ilc		
3. State of Formation	4. Brief description of	the character of the business with head	bied is actually conducted in R	bode Island (VY	
5. Principal office address	Sa llativ	n 5t	Pw.	State PI	Zip 32907
6. MAILING ADDRESS Contact Name D. 0 1	BOX 273	Y COMPANY AND NAMES 3 4 120 120 120 120 120 120 120 120 120 120	E OR TITLE OF CONTAI Toniaci Tule 0 7 70	ent	
Street Address P. C BUX 27334			CILY DVOV	State N	2400907
7. NAME AND ADDRESS	S OF EACH MANAGEI FILL IN SPA	R OF THE LIMITED LIAF CES BEFORE USING AT	BILITY COMPANY, IF AI	PPLICABLE - <u>DO NOT LI</u> FOR ATTACHMENT)	ST MEMBERS
Manager Name			Munager Name		
Street Address			Street Address		
City	State	Zip	Gity	State	Ζψ
Manøger Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	
8. RESIDENT AGENT IN This information is current		ce of the Secretary of State	e. Changes require filing o	f Form 642 - R.I.G.L. 7-16-1	
					3 Tri

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

File Date	FILEDC
Check No.	MAR 0 6 2009
By: The	682924 1:27
ī	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.

Za	leel?	Donnie	ep	
Signatu k O	of Authoriz	ed Person	Date	

Print or Type Name of Authorized Person