

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

1. ID No.	2. Exact name of the limited liability company						
000151242	1	&C Strategies, LLC					
3. State of Formation	<u> </u>		siness which is actually conducted in Rhode Island				
5. Principal office address 150 Midway Road			City Cranston	State RI	Ztp 02920		
6. MAILING ADE Contact Name Mary E. O'Roui		ABILITY COMPANY AN	D NAME OR TITLE OF CONTA	ACT PERSON:	•		
Street Address	TRE .		City	State	776		
150 Midway Road			Cranston	RI	^{Zip} 0 2920		
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/. NAME AND A		IN SPACES BEFORE US	ED LIABILITY COMPANY, IF A	X FOR ATTACHMENT)	I LIST MEMBERS		
Managara Nama	1111	IN STREES BEFORE CS.	•	L CONTACTORERO	J		
Manager Name			Manager Name				
Street Address	Charact Addition			Street Address			
SIFELY END			Street Maaress				
Сйу	State	Zip	Сйу	State	Zip		
Manager Name		I	Manager Name				
					200		
Street Address			Street Address				
City	State	Zip	City	State	X RECEIVE		
8. RESIDENT AG	ENT IN RHODE ISLA	ND		-			
This information i	s currently of record in	the Office of the Secretary	of State. Changes require filing	of Form 642 - R.I.G.L. 7-			
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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File Date	FILED	
Check No	JUL 29 2009	1
Ву:	By (1/2) 9557	/

000151242

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

Signature of Authorized Person

Date