

A. Ralph Mollis, Secretary of State Corporations Division

Corporations, Thriston 148 W. River Street Providence, Rt 02904-2615

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

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

345395 2. Exact name of the limit		C		
3 State of Formation 4. Brief descripti		ess which is actually conducted in Rho ALON	de Island	
5. Principal office address 473 MAIN ST 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N		WAKE FIELD	State RI	24p 02879
Richard Nicke		Contact Title MANAGEA	PERSON:	
473 Main St		Wakefield	State RI	02879
. NAME AND ADDRESS OF EACH MANA FILL IN S	GER OF THE LIMITED I SPACES BEFORE USING	IABILITY COMPANY, IF APP ATTACHMENTS ("X" BOX FO	LICABLE - DO NOT	LIST MEMBERS
ranager Name Richard Nickerson		Manager Name		
reet Address 1 KING ST		Street Address		
COVENTRY RI	02816	City	State	Zip
anager Name	•••••••••••••••••••••••••••••••••••••••	Manager Name		J
treet Address		Street Address		
ity State	Zip	City	State	Zip
RESIDENT AGENT IN RHODE ISLAND	•			ļ

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

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Check N),	
	SEP 2 4 2009	
By:	OK 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 statement contained herein are true and correct.

Auchard Michael 9/23/09
Signature of Authorized Person Date

RICHARD NICKERSON
Print or Type Name of Authorized Person