

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 (b&c)) is subject to a penalty fee of \$25,00.

(16.1.16.2.) - 10 00 (00.0) 15 moject to a permany fee of 425.00.								
1. ID No. 2. Exact name of the limited liability company								
403316 3	04 trospect	r Street LL	<u>-C</u>					
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island								
N. L	<u> </u>	1 tstate	I	T	T =:			
5. Principal office address 309 CoHAG	e Street		Pawtucket	State R.I	02960			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:								
Contact Name			Contact Title					
DIMIEL BUTO			Managing Director					
Street Address	Ci i		^{City} 12 (State	Ζip			
209 Cottage	Street		: tawtucket	I K.L	02-360			
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS								
	FILL IN SPACE	S BEFORE USING ATT	ACHMENTS ("X" BOX FOR AT	TACHMENT)				
Manager Name			Manager Na…	l				
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Street Address			Street Address C + 1					
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City C	State	Zφ	Gity =	State	Ziti			
HINIVOTO		- y -			1			
Manager Name			Manager Name					
	<u> </u>		•					
Street Address			Street Address					
001	1747 11201	<u> </u>						
City ·	State _	Zip ,.	City	State	Zip			
8. RESIDENT AGENT IN RHODE ISLAND								
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 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	=11 		<u></u>
Check No			
_8	EP 302		<u> </u>
By:	\mathcal{A}	// 1 0	0047
FOR	CRETARYDE	TATE USE ONLY	

ender penalty or perjury, I decide and aim	m mat i nave examined in a report
including any accompanying schedules and	statements, and that all statements
contained herein are true and correct.	
DIT	9-29-09
Signature of Authorized Person	Date
Daniel Brito	
Print or Type Name of Authorized Person	