

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Providence, RI 02904-2615 01.222,3040

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.

144132	2 Exact no PLT timinat	jabilar company				
3. State of Formation	4. Brief description Real ES	of the character of the bi	isiness which is actually conducted in Rhode	Island		
5. Principal office addre	1164 NORTH Ma)		Providence	State RI	02904	
. MAILING ADDR	ess of limited liabili PAUL L For	TY COMPANY ANI Mal	NAME OR TITLE OF CONTACT P	erson:	,	
street Address			City	State	Zip	
FILL IN SPACES BEFORE USING A						
Street Address			Street Address			
Street Address			Street Address			
	State	Zip	Street Address City	State	Zip	
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Tity Mantager Name	State	Zip	- City	State	Zip	
Street Address City Manager Name Street Address City	State State	2φ 2φ	City Manager Name	State State	Zip Zip	
City Manager Name Street Address City 8. RESIDENT AGEN	State NT IN RHODE ISLAND	Zip	City Manager Name Street Address	State	Zip	

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

File Date	FILED
Check No.	SEP 2 3 2009
By: -By	+ 1065
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjur	y, I declare and affirm	that I have examined this report,
including any accompa- contained heroin are tru	nying schedules and sta	itements, and that all statements
contained heroili are tra	e and phrect.	T _
17.10	V-/201	9-22 29
Jan C	r max	1 50-01
Signature of Authorized F		Date
PA)II I	FORMAL	
Print or Type Name of A	uthorized Person	