RI SOS Filing Number: 200952615680 Date: 10/19/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2001

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.*

1. ID No.	2. Exact name of the limited liability company
000107987	VISMET LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	REAL ESTATE HOLDING COMPANY

5. Principal office address	City	State	Zip
16 WATERMAN STREET	BRISTOL	RI	02809

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
JOHN ALMEIDA	MANAGER

Street Address	City	State	Zip
16 WATERMAN STREET	BRISTOL	RI	02809

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
JOHN ALMEIDA	16 WATERMAN STREET	BRISTOL	RI	02809

Manager Name	Street Address	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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2009 OCT 19 PM 12:20

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

[redacted] [redacted]

FILED
OCT 19 2009
By
10156 9

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.

Signature of Authorized Person *Date* 10.14.09

JOHN ALMEIDA
Print or Type Name of Authorized Person

[redacted]

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

39238-10-435373

Form 632 Rev. 08/08