

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 2009

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

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 (h&c)) is subject to a penalty fee of \$25.00

1. IL) No.	2. Exact name of the limite	ad liability company				
			a. ala >== # An 1			
14699	I Prounts from	resignar St	new plowing ! Afort usiness which is actually conducted in Rhode	ment Inve	atments LLC	
3. State of Formation	4. Brief descripti	on of the character of the b	usiness which is actually conducted in Rhode	! Island		
Khoal I	stand Snample	arins / tix	houses / Kintals - He	andyman		
Rhode Island Snawplarins / fix 5 Principal office address 110 Sherwood ST			City	State	Zip	
			• •	•	02908	
o. MAILING ADI Go <u>nt</u> act Name	DRESS OF LIMITED LIAB	ILITY COMPANY ANI	D NAME OR TITLE OF CONTACT I	PERSON:		
	Cara		Contact Title	440		
treet Address	CIUC		Francisco C City Providence	100 2	12:	
Francisco CNIZ Street Address 110 Sherwood ST			City	State	Zip	
110 Sherwood Si			providence	KI	0294	
. NAME AND A			ED LIABILITY COMPANY, IF APPL		LIST MEMBERS	
	FILL IN	SPACES BEFORE USI	NG ATTACHMENTS ("X" BOX FOR	R ATTACHMENT)		
Manager Name			Manager Name	Manager Name		
Same			Same	Same		
Street Address			Street Address			
Street Address			Street Address			
itreet Address			Street Address			
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City Manuger Name City B. RESIDENT ACAgent Name	State State GENT IN RHODE ISLAND	Zip	City Manager Name Nove Street Address City Changes require filing of Form 6 Address	State 42 - R.I.G.L. 7-16-1	Zψ 1	
City Manager Name City 8. RESIDENT AGAgent Name Address	State State GENT IN RHODE ISLAND	Zip	City Manager Name Nove Street Address City Changes require filing of Form 6	State	Zψ 1	

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

<u></u>	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements,
File Date Check No. NOV 2 4 2009 By: By for secretary of state use only	contained herein are true and correct. AdMUSU 11/23/09 Ingulature of Authorized Person Date Print or Type Name of Authorized Person