

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

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

(K.I.G.L. /-10-00 (b&c)) is subject to a penalty fee of	\$23.00.					
1. ID No.	2. Exact name of the limited						
376700		ate Graph					
3. State of Formation			isiness which is actually conducted	in Rhode Island			
KI	1.9	~ d:~ c					
5. Principal office address			City East Gra	State	Zip		
46	•		l l		25818		
	_	ITY COMPANY ANI	NAME OR TITLE OF CON Contact Title	TACT PERSON:			
Contact i vaine	ad Detailt		J.	vier-			
Street Address			City	cinculate KI	Zip		
Street Address 461 Main St.			East Gr	cincurate KI	028(3		
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/. NAME AND ADI			D LIABILITY COMPANY, II NG ATTACHMENTS ("X" F	BOX FOR ATTACHMENT)	NOT LIST MEMBERS		
Manager Name			Manager Name	,	_		
manager Name			manager rume	munager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name		•••••••		
Street Address			Street Address				
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City	State	Zip	City	State	Zip		
8. RESIDENT AGE. Agent Name	NT IN RHODE ISLAND -	DO NOT ALTER - C	hanges require filing of 1	Form 642 - R.I.G.L. 7-	16-11		
Address			City		Zip		
							
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	The Report m	ust be executed by a	n authorized person pursua	nt to R.I.G.L. 7-16-66 (b). 🖒		
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File Date				and the state of t			
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Check No.		_	Signature of A	uthorized Person	Date		
D			Segmanus 0) 11				
Ву:				cad Notas	LT		
FOR SECRET	TARY OF STATE USE ONLY		Print or Type	Name of Authorized Person			
					Form 632 Rev 07/0		