

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.

(R.I.G.L. 7-16-66 (bert)) is subject		company failing or refusing to	file us annual report within thirty (30)	days after the time prescribed b	y law
1. ID No. 2. Exa 158890		nd.twl: Row	1 Ksporte lim tod		2014
3. State of Formation \mathcal{N} $\widehat{\mathcal{L}}$	4. Brief description of the	character of the business wh	is actually conducted in Rhode Islan	rd	
5. Principal office address 3 Hope in Me			City 15/5/21	Sine NI	0280c1
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAMI Contact Name Miffeel 1. Vend twl			COR TITLE OF CONTACT PERSON: Contact Title MANA G		
Street Address 1 type with Are			City Bristal	State NT	02809
7. NAME AND ADDRESS O	OF EACH MANAGER OF FILL IN SPACE	OF THE LIMITED LIAB S BEFORE USING ATT	ILITY COMPANY, IF APPLICAT ACHMENTS ("X" BOX FOR AT	BLE - DO NOT LIST	<u>MEMBERS</u>
Manager Name Michael T. Venditur			Manager Name Glinise A. Vind tout		
City Wight State NJ 210 02809			Street Address 3 Hepewan Are		
,	State AJ	2ip 07809	City Brishul	State NZ	07809
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	Сйу	State	Zip
8. RESIDENT AGENT IN R This information is currently		of the Secretary of State.	Changes require filing of Form 6	642 - R.I.G.L. 7-16-11	
	This report must b	e executed by an author	rized person pursuant to R.I.G.I	L. 7-16-66 (b).	RECEIVED J'SECRETARY OF STATE CORPURATIONS DIV

	FILED
File Date	
Check No.	JAN 04 2010_
Bv:	By 10 740 5
	ECRETARY OF STATE USE ONLY

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.

Print or Type Name of Authorized Person