

A. Ralph Mollis, Secretary of State Corporations Division 1-48 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.

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. 5. Principal office addres LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: 6. MAILING Contact Name Contact Title Street Addre 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State ZipManager Name Manager Name Street Address Street Address City State Z(p)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

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

| File Date | 7-2-2010 |
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| Check No. | 301 |
| Вуг | mnc |
| i | FOR SECRETARY 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.

72:01 Print or Type Name of Authorized Person

Form 632 Rev. 08/08