

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence. Rt 02904-2615
401.222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

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 (berc)) is subject to a penalty fee of \$25.00.

BILITY COMPANY AN	City North Smithfield D NAME OR TITLE OF CONTACT I Contact Title President City North Smithfield City North Smithfield ED LIABILITY COMPANY, IF APPLING ATTACHMENTS ("X" BOX FOR Manager Name	State RI PERSON:	Zip 02896 Zip 02896 LIST MEMBERS		
AGER OF THE LIMIT	North Smithfield D NAME OR TITLE OF CONTACT IS Contact Title President City North Smithfield ED LIABILITY COMPANY, IF APPL ING ATTACHMENTS ("X" BOX FOR	RI PERSON: State RI JCABLE - DO NO'I	02896 Zip 02896 LIST MEMBERS		
AGER OF THE LIMIT	Contact Title President City North Smithfield ED LIABILITY COMPANY, IF APPLING ATTACHMENTS ("X" BOX FO	State RI JCABLE - DO NO 'I	02896 T LIST MEMBERS		
AGER OF THE LIMIT I SPACES BEFORE US	City North Smithfield ED LIABILITY COMPANY, IF APPLING ATTACHMENTS ("X" BOX FO	RI JCABLE - <u>DO NO</u> T	02896 T LIST MEMBERS		
AGER OF THE LIMIT I SPACES BEFORE US	ING ATTACHMENTS ("X" BOX FO	JCABLE - <u>DO NOT</u> R ATTACHMENT)	<u>r list members</u>]		
	Manager Name				
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	Street Address				
Zip	CHy	State	Ζίρ		
	Manager Name				
Street Address		Street Address			
Zip	City	State	Ζίρ		
N 1	ND	Street Address Zip City	Street Address Zip City State		

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

150186

File Date	9-9-2010
Check No	1196
By:	mne
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.

Signature of Anthoriced Person

Print or Type Name of Authorized Person

Form 632 Rev. 08/08