

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.

* 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.				
10040	name of the limited liabilit	у сопрану			
6N7VA1 J.	R. SQUADRÌ		ANYS LLC		
3. State of Formation		character of the business wh	сь із асшану сопинсіва ін квож	e Island	
RI	BUSINESS	CONSULTAN) (<u> </u>	
5. Principal office address			City	State	Zip
to Belle Islo way			CRANSTON	V. I	1 6260
6. MAILING ADDRESS OF L	IMITED LIABILITY	COMPANY AND NAME		PERSON:	
Contuct Name			Contact Title THES. DENT OWNER		
JAMES K. SQUADRITO			: (Yes. Den 1	State	Zip
Street Address			:		'
Some as above			:	<u> </u>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)					
Manager Nume			Manager Name		
JAMU R SQUARRITE			:		
Street Address			Street Address		
Signe As AND De			<u> </u>		
City	State	Zip	City	State	Zip
			* * * :fa		
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
					(2)
8. RESIDENT AGENT IN RHODE ISLAND					
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					
					 1
					*
					
					20 : 11 th
					0 1

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

West of the second seco			
	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	contained herein are true and correct.		
OCT 0.7 2010	Signature of Authorized Person Date		
By: 128287	Tromes R SQUAYR. TO		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		