

A. Ralph Mollis, Secretary of State Corporations Division Corporations Invision 148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _200

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). Under penalty of perjury, I declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all stater contained herein are true and correct. Signoture of Authorized person Date Check No. OCT 18 2010 State City State C				Prou.	182	10200 J-	
And And And Address of Each Manager of the Limited Liability Company, if Applicable - Do Not List Members Fill in Spaces Hefore using Attachments ("X" BOX FOR ATTACHMENT) Acanager Name Acanager Name Street Address Street Address Street Address Street Address Street Address Street Address City State 2p City State Acanager Name Street Address City State Address City State Address City State Address City State City State Address City State City State City State City State City State Address City State Address City State City	6. MAILING ADDRES	S OF LIMITED LIAB	LITY COMPANY AN		TACT PERSON:		
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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 Name **Street Address** **Street Address	fraguet	100				Tan-	
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