

000155156

2. Exact name of the limited liability company

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 2011

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.

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15 Union St. Suite 3 Boston MA 02108 Mainty Address of Limited Liability Company and Name OR TITLE OF CONTACT PERSON. Contact Name Contact Name Contact Title Contact	1						
6. MALING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON- CIMINAL NAME William Hearn C.E.O. Street Address 15. Union St, Suite 3 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 Name HP Waterford INC Street Address 15. Union St, Suite 3 City Street Address 15. Union St, Suite 3 City Street Address 15. Union St, Suite 3 City Street Address Street Address Street Address Street Address This report must be executed by an authorized person pursuant to 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). City All 6 19 2011 This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). City This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). City This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). City This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). City Signature of Authorized Person Date File Date Check No. Signature of Authorized Person Date Protect No. Signature of Authorized Person Date Protect No. Signature of Authorized Person Date Protect No. Signature of Authorized Person					•		
CONTROL TITLE William Hearn C.C.E.O. STOPY Address 15 Union St, Suite 3 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 Name Manager	ŕ		ILITY COMPANY AND NAMI	1		102108	
Street Address Out Street Address File Date This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). Out Author 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 cortect. File Date City Author 19 2011 City Author 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 cortect. File Date City City Author 19 2011 City Cit		33 OF LIMITED LIAB	LIII COMPANI AND NAMI	•	IACI FERSON:		
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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). Alia 19 2011 Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct. File Date Check No. By: FOR SECRETARY OF STATE USE ONLY	,			A TANA			
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	Check No.		FILED AUG 19 2011	Under penalty including any contained her	of perjury, I declare and affirm accompanying schedules and sein are true and correct.	statements, and that all statements	
Form 632 Rev. 08/08	FOR SECRETA	RY OF STATE USE ONLY		Print or Type	Name of Authorized Person	Form 632 Rev. 08/08	