

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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3. State of formation   A. Brief description of the character of the business which is actually conducted in Rhode Island	1. ID No.	2. Exact name of the lin	nited liability company	0			
Frincipal office address 975 AgridAlck Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Michael J. Behan Jr.  Street Address 975 AgridAlck Avenue 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  Street Address	252276	<u> </u>	senan-Hill				
Street Address  City Middletown State RI 2402842  City Middletown State RI 2402842  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name  Michael J. Behan Jn.  Street Address  975 Aguidlek Lychue  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 Name  Street Address  City State Zip City State Zip  Manager Name  Street Address  City State Zip  Manager Name  Street Address  City State Zip  Manager Name  Manager Name  Manager Name  Street Address  City State Zip  Street Address  City State Zip  Resident Address  City State Zip  Resident Address  City State Zip  Street Address	3. State of Formation	4. Brief descri	ption of the character of the	business which is actually conducted	in Rhode Island		
975 Aqvidalck Avenue 6. Mailing address of limited liability company and name or title of contact person:  Contact Title  Street Address  975 Aqvidalck Avenue 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  Street Address  City State   Zup   City   State   Zup    Manager Name  Street Address  City   State   Zup   City   State   Zup    Manager Name  Street Address  City   State   Zup   City   State   Zup    Manager Name  Street Address  City   State   Zup   City   State   Zup    Manager Name  Street Address  City   State   Zup   City   State   Zup    Manager Name  8. Resident agent in Rhode Island	KI	」 よ.	lots for Sal	le			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title  Street Address  975 Agvidlick avanve  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  Street Address  City State Zip City State Zip  Manager Name  Street Address  Street Address  City State Zip  City State Zip  City State Zip  Street Address  City State Zip  City State Zip  Street Address  City State Zip  Resident agent in Rhode Island	5. Principal office address	· Jaan Ja	- 0	City NA A A	State 0	Zip _	
Street Address  Street Address  T. 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  City  State  Zip  Street Address	1975 Agridneck Avenue			Middle	ETOWN KI	1.02843	
Street Address 975 Agvidalck Avanue 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  Street Address  City State Zip City State Zip  Manager Name  Street Address  City State Zip  Street Address	6. MAILING ADDRES	SS OF LIMITED LIA	BILITY COMPANY AI	ND NAME OR TITLE OF CON	TACT PERSON:	1	
975 AGUIDLICK AVENUE  City Middletown State 240 02842  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  Street Address  City State 240  Manager Name  Manager Name  Street Address  City State 240  Street Address		al T D ai	T.	Contact Title	Contact Title		
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  Street Address  City  State  Zip  City  State  Zip  Manager Name  Manager Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  State  Zip  Manager Name  Street Address  City  State  Zip  City  State  Zip		el J. Denav	M.				
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Manager Name  Street Address  City State Zip City Manager Name  Manuger Name  Manuger Name  Street Address  Street Address  City State Zip City State Zip Street Address  Street Address  Street Address  Street Address		FILL IN	SPACES BEFORE US	SING ATTACHMENTS ("X" B	BOX FOR ATTACHMENT)	LIST MEMBERS	
Street Address  City State Zip City State Zip  Manager Name  Manager Name  Street Address  Street Address  City State Zip  City State Zip  City State Zip  8. RESIDENT AGENT IN RHODE ISLAND				:	<del>.</del> ————————————————————————————————————		
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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	0. 77077	I				12 ip	
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED	
File Date	
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By: By:	
1011	
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.
Michael R34/11
Signature of Authorized Person Date
Michael J. Behan, Tr.
Print or Type Name of Authorized Person