

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.

5. Principal office address 700 Armistice Boulevard 6. MAILING ADDRESS OF LIM Contact Name Manny Maciel Street Address 700 Armistice Boulevard 7. NAME AND ADDRESS OF EA Manager Name Manny Maciel Street Address	ACH MANAGER O	COMPANY AND NAM	Conuct Title Owner City Pawtucket BILITY COMPANY, IF A	State RI CCT PERSON: State RI PPLICABLE - DO NOT	Zip 02861 Zip 02861 Γ LIST MEMBERS	
700 Armistice Boulevard 6. MAILING ADDRESS OF LIM Contact Name Manny Maciel Street Address 700 Armistice Boulevard 7. NAME AND ADDRESS OF EA Manager Name Manny Maciel	ACH MANAGER C	OF THE LIMITED LIAI	Pawtucket E OR TITLE OF CONTA Contact Title Owner City Pawtucket BILITY COMPANY, IF A	RI CT PERSON: State RI PPLICABLE - DO NOT	02861 z 02861	
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700 Armistice Boulevard 7. NAME AND ADDRESS OF EA Manager Name Manny Maciel Street Address	ACH MANAGER C FILL IN SPACE	OF THE LIMITED LIAI S BEFORE USING AT	Pawtucket BILITY COMPANY, IF A	RI PPLICABLE - DO NOT	02861	
Manager Name Manny Maciel Street Address	ACH MANAGER C FILL IN SPACE	OF THE LIMITED LIAI S BEFORE USING AT	BILITY COMPANY, IF A TACHMENTS ("X" BOX	PPLICABLE - DO NOT	LIST MEMBERS	
Manny Maciel Street Address			•	FOR ATTACHMENT)		
	**			Manager Name		
	ate	Zip	City	State	Zip	
Pawtucket R	<u> </u>	02861			[************************************	
Manager Name			Manager Name			
Street Address			Street Address			
City Sta	ate	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHOD	DE ISLAND	l	•	1		
This information is currently of rec	cord in the Office of	of the Secretary of State	Changes require filing a	f Form (42 DIG: 5:		

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

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File Date	FILED	
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FO	R SECRETARY OF STATE USE ONLY	-

including any accompanying schedu contained herein are true and correc	iles and statements, and th	at all statements
Many !	muiel	9/18
Signature of Authorized Person	Date	
Manny Maciel		
Print or Type Name of Authorized Per-	son	

Under penalty of perjury, I declare and affirm that I have examined this report,