State of Rhode Island and Providence Plantations Office of the Secretary of State         Divisional Colspan="2">Divisional Secretary of Business Ervices IAS W. River Street Providence RI 02904-2615 (401) 222-3040         Image Proof Sector State         State of Rhode Island and Providence Plantations of Particle View RI:02904-2615 (401) 222-3040         Image Proof Sector Providence RI 02904-2615 (401) 222-3040         Image Proof Sector Providence RI 02904-2615 (401) 222-3040         Image Proof Sector Providence RI:02904-2615 (401) 222-3040         Image Proof Sector Providence Sector Providence Sector Providence RI:02904-2615 (401) 222-3040         Image Proof Sector Providence Sector Providence Sector Providence Sector Providence RI:02904-2615 (401) 222-3040         Image Proof Sector Providence Sector Providence Providence Providence Providence Providence Providence Providence Providence RI:02907 Providence RI:02					
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Imited Liability Company Annual Report         Filing Period: September 1 - November 1         No accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lite its annual report within thirty (30) days after the time presenbed by law (R.I.G.L. 7-86-66(kb0) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2011         1. ID No.       000147862         2. Exact Name of the Limited Liability Company VeroScience LLC         3. State of Formation         State: DE         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE         5. Principal Office Address         No. and Street:       1334 MAIN ROAD         City or Town:       TIVERTON       State: RI       Zip: 02878       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Country: USA         Address of Each Manager of the Limited Liability Company, if Applicable.         Output: USA         Address of Each Manager of the Limited Liability Company, if Applicable.         Difte       Individual Nam	RALPH MOIL				
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Will period: September 1 - November 1         November 1 - November 1         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 presented by law (R.I.G.L. 7-86-66(RbC)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2011         1. ID No.       000147862         2. Exact Name of the Limited Liability Company VeroScience LLC         3. State of Formation         State: DE         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE         5. Principal Office Address         No. and Street:       1334 MAIN ROAD         City or Town:       TIVERTON       State: RI       29: 02878       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact: POB DOX 733         No and Street:       PORTSMOUTH       State: RI       Zp: 02871       Country: USA         Ountry: USA         Title       Individual Name       Add	Division Of Business Services				
(401) 222-3040         Limited Liability Company Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-60(b.each limited liability company failing or refusing to file its annual report with mithy (30) days atter the time prescribed by law (R.I.G.L. 7-16-60(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2011         1. ID No.       000147862         2. Exact Name of the Limited Liability Company VersScience LLC         3. State of Formation         State: DE         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE         5. Principal Office Address         No. and Street:       1334 MAIN ROAD (ity or Town:         Contact Name:       AMINIAL CONTACT Contact Title:         Outact Name:       MOINTACONTAC Contact Title:         No. and Street:       100 DOI 7.37 (ity or Town:         PORTSMOUTH       State: RI       Zip: 02871         Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         It ite       Individual Name       Address         Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Address Contact Town. State. Zip Code, Country: MANAGER <t< td=""><td colspan="5"></td></t<>					
Limited Liability Company Annual Report         Filing Period: September 1 - November 1         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.S.c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2011         1. ID No.       000147862         2. Exact Name of the Limited Liability Company VeroScience LLC         3. State of Formation         State: DE         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE         5. Principal Office Address         No. and Street:       1334 MAIN ROAD         City or Town:       TIVERTON         State: RI       Zip: 02878       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Contact Name: <u>ANTHONY CINCOTTA</u> Contact Title: <u>OWNER</u> No. and Street:       PO BOX 737       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         It it       Individual Name       Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       Test EAR ROAD         Towne and Address of Each Manager of the Limited					
Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report with intrify (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.         ANNUAL REPORT YEAR: 2011         1. ID No.       000147862         2. Exact Name of the Limited Liability Company VeroScience LLC         3. State of Formation         State: DE         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE         5. Principal Office Address         No. and Street:       1334 MAIN ROAD City or Town:         City or Town:       TIVERTON         State: RI       Zip: 02878         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: <u>PO BOX 737</u> City or Town:         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title       Individual Name First, Middle, Last, Suffix         Address, City or Town, Riozz-USA         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Charges Require Filing of Form 642 - R.I.G.L. 7-16-11	retary of St	(401) 222-304	40		
Filing Period: September 1 - November 1 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. ANNUAL REPORT YEAR: 2011 1. ID No. 000147862 2. Exact Name of the Limited Liability Company VeroScience LLC 3. State of Formation State: DE 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE 5. Principal Office Address No. and Street: 1334 MAIN ROAD City or Town: TIVERTON State: RI Zip: 02878 Country: USA 6. Malling Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: ANTHONY CINCOTTA Contact Title: OWNER No. and Street: PO BOX 737 City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	Limited Liability C	ompany			
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.         ANNUAL REPORT YEAR: 2011	-				
file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L.         7-16-86(b&c) its subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2011         1. ID No. 000147862         2. Exact Name of the Limited Liability Company VeroScience LLC         3. State of Formation         State: DE         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE         5. Principal Office Address         No. and Street:       1334 MAIN ROAD         City or Town:       TIVERTON         State: RI       Zp: 02878         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: ANTHONY CINCOTTA Contact Title: OWNER         No. and Street:       PO BOX 737         City or Town:       PORTSMOUTH         State: RI       Zp: 02871       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         It is AARE AAD       TIVERTON, RI 08278- USA         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	Filing Period: Septembe	er i - November i			
7-16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2011         1. ID No. 000147862         2. Exact Name of the Limited Liability Company VeroScience LLC         3. State of Formation         State: DE         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE         5. Principal Office Address         No. and Street:       1334 MAIN ROAD City or Town:         City or Town:       TIVERTON         State: Year Object Contact Title:       OWNER No. and Street:         No. and Street:       PO BOX 737 City or Town:         PO BOX 737 City or Town:       PORTSMOUTH         State: RI       Zip: 02871       Country: USA         7. Name and Address of Lach Manager of the Limited Liability Company, if Applicable.       Do NOT LIST MEMBERS         Itile       Individual Name       Address. City or Tom. State: Zip Code. Country: USA         Name and Address of Each Manager of the Limited Liability Company, if Applicable.       Do NOT LIST MEMBERS         Street:       Notice Trans. State: Sup Code. Country: USA         RARE ANTHONY H CINCOTTA       158 LAKE ROAD         Title       Individual Name       Address. City or Tom. State: Zip Code. Country: USA         8. RESIDENT AGENT IN				ng to	
ANNUAL REPORT YEAR: 2011          1. ID No.       000147862         2. Exact Name of the Limited Liability Company VeroScience LLC         3. State of Formation         State: DE         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE         5. Principal Office Address         No. and Street:       1334 MAIN ROAD         City or Town:       TIVERTON         State: RI       Zip: 02878       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Country: USA         Contact Name:       ANTHONY CINCOTTA Contact Title:       OWNER         No. and Street:       PO BOX 737       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Itile       Individual Name       Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD         Title       Individual Name       Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD         TIVERTON, RI 08278- USA       158 LAKE ROAD       158 LAKE ROAD			u by law (R.I.G.L.		
2. Exact Name of the Limited Liability Company VeroScience LLC         3. State of Formation         State: DE         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE         5. Principal Office Address         No. and Street:       1334 MAIN ROAD         City or Town:       TIVERTON         State: RI       zip: 02878       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Contact Name: ANTHONY CINCOTTA Contact Title: OWNER         No. and Street:       PO BOX 737       City or Town:       EVENTY         City or Town:       PORTSMOUTH       State: RI       Zip: 02871       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD       TIVERTON, RI 08278- USA         RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER         Resident Filing of Form 642 - R.I.G.L. 7-16-11	ANNUAL REPORT YE	<b>AR</b> : <u>2011</u>			
3. State of Formation State: DE         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE         5. Principal Office Address         No. and Street:       1334 MAIN ROAD City or Town:         City or Town:       TIVERTON         State: RI       Zip: 02878         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       ANTHONY CINCOTTA Contact Title:         OWNER         No. and Street:       PO BOX 737         City or Town:       PORTSMOUTH         State: RI       Zip: 02871       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Itile       Individual Name       Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD         TIVERTON, RI 08278- USA       TIVERTON, RI 08278- USA         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER       Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	1. ID No. <u>000147</u>	862			
State: DE         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE         5. Principal Office Address         No. and Street:       1334 MAIN ROAD         City or Town:       TIVERTON         State: RI       Zip: 02878         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       ANTHONY CINCOTTA Contact Title:         No. and Street:       PO BOX 737         City or Town:       PORTSMOUTH         State: RI       Zip: 02871         Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Itile       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD         TIVERTON, RI 08278- USA       State: RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER         Changes Require Filing of Form 642 - R.I.G.L. 7-16-11       State: ROME	2. Exact Name of the	e Limited Liability Company <u>VeroScien</u>	nce LLC		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE         5. Principal Office Address         No. and Street:       1334 MAIN ROAD City or Town:         TIVERTON       State: RI       zip: 02878         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       ANTHONY CINCOTTA Contact Title:         OWNER       No. and Street:       PO BOX 737         City or Town:       PORTSMOUTH       State: RI       Zip: 02871       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Address       Address         Title       Individual Name       Address       Address.       Country: USA         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11       State: RI       State: RI       State: RI	3. State of Formatio	n			
BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE         Service Address         No. and Street:       1334 MAIN ROAD         City or Town:       TIVERTON       State: RI       Zip: 02878       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       ANTHONY CINCOTTA Contact Title:       OWNER         No. and Street:       PO BOX 737       Country: USA         City or Town:       PORTSMOUTH       State: RI       Zip: 02871       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title       Individual Name       Address         Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD         IVERTON, RI 08276- USA	State: <u>DE</u>				
BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE         S Principal Office Address         No. and Street:       1334 MAIN ROAD         City or Town:       TIVERTON       State: RI       Zip: 02878       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: ANTHONY CINCOTTA Contact Title: OWNER         No. and Street:       PO BOX 737       Country: USA         City or Town:       PORTSMOUTH       State: RI       Zip: 02871       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title       Individual Name       Address         Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD         NO NOT LIST MEMBERS         State: SUBENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	4. Brief Description of	of the Character of the Business Which	is Actually Conduc	cted in Rhode Island	
5. Principal Office Address         No. and Street:       1334 MAIN ROAD TIVERTON         City or Town:       TIVERTON         State: RI       Zip: 02878         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       ANTHONY CINCOTTA Contact Title:         OWNER         No. and Street:       PO BOX 737         City or Town:       PORTSMOUTH         State: RI       Zip: 02871         Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD         TIVERTON, RI 08278- USA       TIVERTON, RI 08278- USA					
5. Principal Office Address         No. and Street:       1334 MAIN ROAD TIVERTON         City or Town:       TIVERTON         State: RI       Zip: 02878         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       ANTHONY CINCOTTA Contact Title:         OWNER         No. and Street:       PO BOX 737         City or Town:       PORTSMOUTH         State: RI       Zip: 02871         Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD         TIVERTON, RI 08278- USA       TIVERTON, RI 08278- USA	BIOTECHNOLOGY-DRUG DISCOVERY AND DEVELOPMENT ENTERPRISE				
No. and Street:       1334 MAIN ROAD TIVERTON       State: RI       Zip: 02878       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       ANTHONY CINCOTTA Contact Title:       OWNER         No. and Street:       PO       BOX 737         City or Town:       PORTSMOUTH       State: RI       Zip: 02871       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Country: USA         Title       Individual Name       Address Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD TIVERTON, RI 08278- USA					
City or Town:       TIVERTON       State: RI       Zip: 02878       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       ANTHONY CINCOTTA Contact Title:       OWNER         No. and Street:       PO BOX 737       Country: USA         City or Town:       PORTSMOUTH       State: RI       Zip: 02871       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Address       Address         Title       Individual Name       Address.       Address.       City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD       TIVERTON, RI 08278- USA         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	5. Principal Office Ac	laress			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       ANTHONY CINCOTTA Contact Title:       OWNER         No. and Street:       PO BOX 737         City or Town:       PORTSMOUTH       State: RI       Zip: 02871       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD         TIVERTON, RI 08278- USA       TIVERTON, RI 08278- USA         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11       State Report Filing of Form 642 - R.I.G.L. 7-16-11	No. and Street:				
Contact Name:       ANTHONY CINCOTTA Contact Title:       OWNER         No. and Street:       PO BOX 737         City or Town:       PORTSMOUTH       State: RI       Zip: 02871       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD         TIVERTON, RI 08278- USA       TIVERTON, RI 08278- USA	City or Town:	TIVERTON State: R	<u>I</u> Zip: <u>02878</u>	Country: <u>USA</u>	
No. and Street:       PO BOX 737 PORTSMOUTH       State: RI       Zip: 02871       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD         TIVERTON, RI 08278- USA       TIVERTON, RI 08278- USA         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11       State: Road Revenue Filing of Form 642 - R.I.G.L. 7-16-11	6. Mailing Address o	f Limited Liability Company and Name	or Title of Contact	Person:	
City or Town:       PORTSMOUTH       State: RI       Zip: 02871       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Address         Title       Individual Name       Address       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD         TIVERTON, RI 08278- USA       TIVERTON, RI 08278- USA         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11       State: Resident is a state of the state of t					
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix       Address         MANAGER       ANTHONY H CINCOTTA         158 LAKE ROAD       TIVERTON, RI 08278- USA         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER         Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			7: 02971	Country US A	
DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD         TIVERTON, RI 08278- USA       TIVERTON, RI 08278- USA         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER       Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	City of Town:	<u>PORTSMOUTH</u> State: <u>RI</u>	Zip: <u>02871</u>	Country: <u>USA</u>	
Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD         TIVERTON, RI 08278- USA       TIVERTON, RI 08278- USA         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11       Filing of Form 642 - R.I.G.L. 7-16-11					
First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       ANTHONY H CINCOTTA       158 LAKE ROAD         TIVERTON, RI 08278- USA       TIVERTON, RI 08278- USA         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11       First, Middle, Last, Suffix	DO NOT LIST MEM	BERS			
MANAGER     ANTHONY H CINCOTTA     158 LAKE ROAD TIVERTON, RI 08278- USA       8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	Title	Individual Name	Α	ddress	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		First, Middle, Last, Suffix	Address, City or Tow	n, State, Zip Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	MANAGER	ANTHONY H CINCOTTA			
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			TIVERTON	I, RI 08278- USA	
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11					
	Unanges Require F	ning of Form 642 - K.I.G.L. 7-16-11			
CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888-		RVICE COMPANY 222 JEFFERSON BOI	JLEVARD. SUITE 20	0 WARWICK RI 02888-	

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

**Signed this 28 Day of September, 2011 at 9:26:53 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>ANTHONY H. CINCOTTA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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