

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

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

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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	name of the limited liability	- 1 <u>.</u> -				
3. State of Formation RHODE ISLAND	4. Brief description of the FINANCIA	character of the business which INVESTMENT	ch is actually conducted in Rhode Island	t		
5. Principal office address 101 NORTH MAI	,,	IN IT 300	PROVIDENCE	State R.I	Zip 02903-13 00	
6. MAILING ADDRESS OF I	IMITED LIABILITY (COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:		
a			Contact Title			
Street Address 101 NORTH MAIN ST. UNIT 300			MENBER			
Street Address 101 NORTH M	IAIN ST.	UNIT 300	PROVIDENCE	State RI	52903 -130D	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Ζip	City	State	Zip	
8. RESIDENT AGENT IN BU	ODE ISLAND - DO N	OT ALTER . Changes	require filing of Form 642 - 1		6-11	
		OT HELE - CHRISCS	1		V"44	
Agent Name			Address			
Address			City		Zip	
					SEC	_

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

FILED
File Date
OCT 1 1 2011
By: BY 153943
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.

Kenneth A Nulman

Print or Type Name of Authorized Person