

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. 21744 DESCRIPTION OF the limited fluidity company  5. Principal office address  4. But description of the character of the hostness which is actually conducted in Rhode island  Francisco Francisco  5. Principal office address  4. Western Industrial Drive Contact the Growth Francisco  6. MALLING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact time  Contac							
Fig. Real Estate Company  5. Principal office address 41 Western Industrial Drive City Counted RI 202921  6. Malling Address of Limited Liability Company and Name OR TITLE OF CONTACT PERSON:  Contact Talle  Tap 02921  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)  Street Address		name of the limited liabili.	aty UC				
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name include Lawfreds  Street Address  41 Western Tudistrial Drive Contact Title Controller  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  Fact Feeney  Street Address  41 Western Tudistrial Drive  Cay State  7. Do NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTACHMENTS (X' BOX FOR ATTACHMENT)  Manager Name  Street Address  42 City  Manager Name  Street Address  City  State  7. Do NOT LIST MEMBERS  FILL OF BOX FOR ATTACHMENTS (X' BOX FOR ATTACHMENT)  Manager Name  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address	3. State of Formation	4. Brief description of the	الما وسم		dand		
Controller  Street Address  41 Western Industrial Drive Controller  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  Manager Name  Street Address  41 Western Industral Drive  Cart.  Cart.  Cart.  State  City  State  Zip  Manager Name  Manager Name  Street Address  Street Address  Street Address  City  State  Zip	5. Principal office address			<del>,                                    </del>	State		
Michael Lautredi  Street Address  41 Western Industrial Drive Cranston RI 202921  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  41 Western Industrial Drive  Canston  State  Zip  Cay  Manager Name  Street Address	6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
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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  Manager Name  Street Address  City State Zip  City State Zip  8. RESIDENT AGENT IN RHODE ISLAND	street Address 41 Wester	n Indust	rich Drive	Cranston	State	1	
Street Address  'Street Address  'City'	7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS						
Street Address	Manager Name Earl Feeney			Manager Name			
Crans to 2421  Manager Name  Street Address  City  State  State  Zip  City  State  Zip  City  State  Zip  State  S	Street Address			Street Address			
Street Address  City State  Zip City City State Zip State Zip State State Zip	Cranston	State RI	zip 02421	City	State	Zip	
City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name			
8. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address			
	City:	State	Zip	City	State	Zip	
	8. RESIDENT AGENT IN RE	HODE 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).

FILED
OCT 31 2011
Check No.
By: 1211
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.

Signature of Authorized Person

Print or Type Name of Authorized Person

Form 632 Rev. 08/08