

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. /-10-06 (b&c)) is subject to a penalty fee of \$25.00.							
000 151 290 Craffand Limited Liability Company							
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island VIII CVAST STOVE							
5. Principal office address Wishmilkstur St.			"Providence	State	•	02903	
6. MAILING ADDRESS OF LI	MITED LIABILITY (COMPANY AND NAME		ON:			
Margaret Carleton			Contact Title WWW				
54 Dexter St.			Providence	State T		02909	
7. NAME AND ADDRESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAB	LE - DO N	OT LIST	MEMBERS	
		S BEFORE USING ATTA					
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State		Zip	
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address					•		
Address			City Zip				
-							

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

2011 NOV 28	
PM 1:06	ANC SAL

	FILE			
File Date	NOV 28 2011			
By:	157445 1:06			
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.

hargaret	Darleton	11.28-11
Signature of Authorized Perso	Dai	e

or Type Name of Authorized Person