

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

cidence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>Lott</u>

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.

(K.I.U.L. 7-10-00 (D&L)) I	is subject to a p	remaily fee of \$25.00.						
I. ID No.	2. Exact name of the limited liability company							
141875	T46	THE FERDINAND MANAGEMENT LLC						
3. State of Formation				b is actually conducted in Rhode Island				
RI HOUSING MANACEMENT /C 5. Principal office address 119 116 ST 4116				CONSULTING SERVICES				
5. Principal office address				City	State P. 1		Zip	
119 WEST AUE				PAWTUCKET	1 121		02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:								
Contact Name				Contact Title				
LLOYD FERDINAND				OWNER City State Zip PAWTUCKLT R1 02860				
Street Address				City	State	,	Zip	
Street Address 119 WEST AUE				CAWTUCKLI	1 12	(02860	
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				
LLOYD FERDINAND				:				
Street Address				Street Address				
LLOYD FERDINAND Street Address 119 WEST AVE City PAWTUCFET RI 02860								
City	Stan	re o :	Zip	City	State		Zip	
PAWTUCKS	-٢	YZ (02860				<u>]</u>	
Manager Name				Manager Name				
						201 3	·	
Street Address				Street Address				
			· · · · · · · · · · · · · · · · · · ·		T.	<u> </u>	<u> </u>	
City	Sta	te	Ζίρ	City	State	ယ်	Zip ₁ · · · · · · · · · · ·	
S BEGINENE ACEN	T IN DII(A)	E ICI AND DON	OT ALTER Changes	enguing filing of Form 642	 	6 1 1 · 70 1	00<	
Agent Name	I IN KHODI	E ISLAND - DO N	Of Allek - Changes	equire filing of Form 642 - R.I.G.L. 7-16-11				
							₽ X U	
				Cin	·	Zip 💫	<u> </u>	
Address				City:		zip K		
							 	

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

	FILED
	JAN 13 2012
	Ey 740473
File Date	_
Check No.	
By: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.

Thought gerding 1-13-2012
Signature of Authorized Person Date

LLOYD FERDINAND