

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

* **	2. Exact na	me of the limited liabili	ty company	<u> </u>	<u> </u>		
104494	MOSHA	SSUCK RIVER, L	.L.C.				
3. State of Formation	4. Brief des	cription of the characte	er of business conducted in Rho	ode Island			
RHODE ISLAND	REAL ES	STATE	or business sanddeted in this	oce island			
5. Principal office address 55 Industrial Circle	<u> </u>		City Lincoln	State RI	Zip 02865		
6. MAILING ADDRESS OF I	LIMITED LIABILIT	Y COMPANY AND N	AMEOR TITLE OF CONTACT	PERSON			
Contact Name Steven A. Lancia			Contact Title Manager				
Street Address 55 Industrail Circle			City Lincoln	State RI	Zip 123865		
7. LIST <u>all</u> Managers ()	NAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY,	IE ABDLICADI E. NO.			
("X" BOX FOR ATTACHN	IENT)			# AFFLICABLE - DU			
Vanager Name	END		Manager Name				
Manager Name Steven A. Lancia Street Address 55 Industrial Circle			t protest termination success		RECE PORATI BORATI		
Manager Name Steven A. Lancia Street Address 55 Industrial Circle Dity	State	Zip 02865	Manager Name	State	RECE VED VETARY OF S PORATIONS BY 22 PM		
Manager Name Steven A. Lancia Street Address 55 Industrial Circle Dity Lincoln	State	Zip	Manager Name Street Address		RECE VED LEARY OF PURATIONS BY 22 PM		
Manager Name Steven A. Lancia Street Address 55 Industrial Circle Dity Lincoln Manager Name	State	Zip	Manager Name Street Address City		RECE VED STATE OF STA		
Manager Name Steven A. Lancia Street Address 55 Industrial Circle City Lincoln Manager Name Street Address	State	Zip	Manager Name Street Address City Manager Name		RECE VED STATE OF STA		
("X" BOX FOR ATTACHIVMANAGER NAME Steven A. Lancia Street Address 55 Industrial Circle Dity Lincoln Manager Name Street Address Dity Lincoln Manager Name Dity Lincoln Manager Name	State RI	Zip 02865	Manager Name Street Address City Manager Name Street Address	State	RECE VED LEARY OF STATE PURATIONS DIV		

FILED

FEB 22 2012

84 0 164160 1:19

								a																												
								Č																												
,,																																				
÷.	ж.			200	:/3	200	***	:	1.2			Y	-51	111		111	3.	300	;:::X	: ; ; ;		34	200			٠٠.	10.5	÷ : ;		12	300		122	;;;;		
Ö		::		2	::3	< - a	ài,	4	: 3		12	***	€;	Œ	20			312	: · · ·	30		13	20	- :				333	200	1	10		333	80	άž.	
		ij.			:0	4.4	Ž.	***	H				32		3	Ü			1	(4)			20	34	04			33		.()			33			
					:0		***	**	÷				3	И						2		ì,				, (4			2			
			ž		9			*	3				8									ì,								9			8			
					0			8	3				ä				à	H					2										H			
								8					3				å	H						i,									ä			
		ò						8									i							Š									ä			
		à	R	Ü				8																Š												
		ì	В	v									1											Š												
		ì	В	ÿ																				ś												
		Ì	В	ÿ																				Š												
		į	В	y																				3												
		ì	В	y					•																		4									
			В	y					•															3									•			
			В	y																							4									
			В	y								9															4						**			
			В	y																										31			*			
			В	y																													•			
			В	y																													•			
			В	y																													•			
			В	y																													•			
			В	y																																
			8	y																							*									
			В	y																																
			8	y																																
			3	y			c													_	•															
			8	y	1		•	ı			F					P				F	C	1												V		
		1	B	y) F		•	ı		C	F			Ī	A	R			O	F	S	1			E			S	E		1			٧		
		1	8	y) [1	•	ı			F				A	R	h		O	F	S	1	,	Ţ	E		J	S	E)	N	ı	Y		
			8	y) [1	•	ı			F	ı.		Ī	A	R	h	•	O	F	S	1	7	Ţ	E		J	S	E	•)	N	L	Y		
			8	y) [1	•	ı		C	F			Ī	A	R	ì		O	F	S	1	7	Ţ	E		J	S	E	•)	N	L	Y		
			8	y) [1	•	ı		C	F	I E		ſ	A	R	h	•	O	F	S	1	4	Ţ	E		J	S	E	•)	N	L	Y		
			8	y) [1	•	ı		C	F	l E		r	A	R	n		O	F	S	1	,	Ţ	E		J	S	E)	N	L	Y		
			8	y) F	1	•	ı		C	F			l	A	R	n		O	F	S	1	7	1	E		J	S	E	•)	N	L	Y		
			3	y) [1	Ç	1		C	F	E		ľ	A	R	'n		O	F	S	1	,	J	E		J	S	E)	N	L	Y		
		1	3	y) ;	1	C	ı		Č	F	E		i.	A	R	n		O	F	S	1	7	1	E		J	S	E	•)	N	L	Y		

Form No. 632 Revised: 01/2012 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

Date

Steven A. Lancia

Print or Type Name of Authorized Person