

## 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 20)

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.

1. Entity ID No.	2. Exact nat	ne of the limited liab	ility company		
10965		, ,	ility company 17556 CIATS		
	$rac{1}{2}$	LI KEBI	ITYPLIAC		-
State of Formation	4. Brief desc	cription of the charac	ter of business conducted in Rhod	e Island	
RI	130	4657777	2		
5. Principal office address.	ue 1	RVK_	50hyUST	IN State RIJ	Zip 29/9
6: MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND I	NAME OR TITLE OF CONTACT P	ERSON:	
Contact Name	OJR		Contact Title		
Street Address	ue A.		City	State,	zip 2915
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD MENT) :	RESSES) OF THE I	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO N	OT LIST MEMBERS
Manager Name  MUCCO IZ	70		Manager Name		
Street Address	N DR	:	Street Address		ن. د
CRANSTUN	State	Zip 252	City	State	Zip S C C C
Manager Name			Manager Name		
Street Address			Street Address		3 30
City	State	Zip	City	State	Zip 7 2:
8. RESIDENT AGENT IN RI			Production of the control of the con	THE PERSON NAMED IN	
This information is curren	lly of record in the	Office of the Secre	etary of State. Changes require fi	iling Form 642.	
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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

Print or Type Name of Authorized Person