

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 2011

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 name of	the limited liability com	pany			
11947)	A. 01	ALITY	SOUNDS	LL (7	
3. State of Formation	4. Brief descriptio		siness conducted in Rhode Is	land		
RI	AJ.	Service	ce			
5. Principal office address \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9h M	re	CityPawtucke	f State	2102960	
6. MAILING ADDRESS OF LIMI	ED LIABILITY CO	MIPANY AND NAME (SON:		
Arthur Shlevin			Contact Title OWNER CED			
Street Address Raleigh Ave			CHY ROWLOCKE	Y P	Zip Sto	
7. LIST ALL MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRES	SES) OF THE LIMITED	LIABILITY COMPANY, IF AF	PLICABLE - <u>DÓ NO</u>	T LIST MEMBERS	
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 ~ C	
8. RESIDENT AGENT IN RHODE	ISLAND			!	1 22 SE	
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						
Arthur Sh 224 Rate Pawfucket	levin gh Au	e 02860			DRATIONS I	
FILED						
File Date		N 01 2012	Under penalty of perjury this report, including an	v accompanying sch	edules and statements.	
Check No	BY	August 1	Wither	Sklo	van 6-1-20	
Ву:			Signature of Authorized Po	Ol Louis	Date	
FOR SECRETARY OF STATE	USE ONLY		Print or Type Name of Aut	horized Person		

Form No. 632 Revised: 01/2012