

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

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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.

Contact Name Pater Aldrich Street Address 984 Memorial Drive + COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Proprietor Street Address 984 Memorial Drive + COMPANY City Cambridge State Address 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMI ("X" BOX FOR ATTACHMENT) Manager Name Pater C. Aldrich Street Address 984 Memorial Drive + 704 Street Address City Cambridge State Zip City State Zip Manager Name Street Address Street Address Street Address Street Address Street Address	1. Entity ID No.	l l	the limited liability co														
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5. Principal office address 46 CT Corporation System, 10 Westers 15 City Providence 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON: Contact Name Pater Address Street Address Street Address 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMI ("X" BOX FOR ATTACHMENT) Manager Name Pater C. Alarich Street Address Gity Manager Name Street Address Gity Manager Name Street Address Street Address	3. State of Formation	4. Brief description	on of the character of	business conducted in Rhode Isla	. =												
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON: Contact Name Patan Aldrich Street Address 984 Memorial Drive **COMPANY* City Cambridge 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMI ("X" BOX FOR ATTACHMENT) Manager Name Patan C. Aldrich Street Address 984 Memorial Drive ** To44 City Cambridge State Zip State Zip Manager Name Street Address Manager Name Street Address Street Address Street Address Street Address Street Address Street Address	RI	Hold	and man	age inventment pro	gerty												
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7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMI ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address Gity City Cambridge State Manager Name Manager Name Street Address Street Address Street Address State State State State Street Address Street Address Street Address	Contact Name Pater	Aldrich		Contact Title Proprietor													
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8. RESIDENT AGENT IN RHODE ISLAND	8. RESIDENT AGENT IN RH	ODE ISLAND															
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is current	ly of record in the Of	fice of the Secretary	of State. Changes require filing	g 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 companying derein are true and correct.

Signature of Authorized Person

Date

PETER C. ALDRICH

Print or Type Name of Authorized Person