



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

\$ 75.-  
50- 125  
2012. April-Nov.

## 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.<br><u>561678</u>                                                                                                                                     |                    | 2. Exact name of the limited liability company<br><u>URIONA INVEST. LLC.</u>                  |                       |
| 3. State of Formation<br><u>RI</u>                                                                                                                                    |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>INVEST.</u> |                       |
| 5. Principal office address<br><u>43 GROTTO AV.</u>                                                                                                                   |                    | City<br><u>PAWT.</u>                                                                          | State<br><u>RI</u>    |
|                                                                                                                                                                       |                    | Zip<br><u>02860</u>                                                                           |                       |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                  |                    |                                                                                               |                       |
| Contact Name<br><u>JUAN M. URIONA</u>                                                                                                                                 |                    | Contact Title<br><u>PRESIDENT.</u>                                                            |                       |
| Street Address<br><u>43 GROTTO AV.</u>                                                                                                                                |                    | City<br><u>PAWT.</u>                                                                          | State<br><u>RI</u>    |
|                                                                                                                                                                       |                    | Zip<br><u>02860</u>                                                                           |                       |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                                                                                               |                       |
| Manager Name<br><u>JUAN M. URIONA</u>                                                                                                                                 |                    | Manager Name<br><u>2012 JUN 4 PM 2:54</u>                                                     |                       |
| Street Address<br><u>43 GROTTO AV.</u>                                                                                                                                |                    | Street Address<br><u>SECRETARY OF STATE</u>                                                   |                       |
| City<br><u>PAWT.</u>                                                                                                                                                  | State<br><u>RI</u> | City<br><u>02860</u>                                                                          | State<br><u>02860</u> |
| Manager Name                                                                                                                                                          |                    | Manager Name                                                                                  |                       |
| Street Address                                                                                                                                                        |                    | Street Address                                                                                |                       |
| City                                                                                                                                                                  | State              | City                                                                                          | State                 |
| Zip                                                                                                                                                                   |                    | Zip                                                                                           |                       |
| 8. RESIDENT AGENT IN RHODE ISLAND                                                                                                                                     |                    |                                                                                               |                       |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                     |                    |                                                                                               |                       |

**FILED**

JUN 04 2012

By 171865 DS

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.

Juan M. Uriona  
Signature of Authorized Person

06-04-12  
Date

JUAN M. URIONA  
Print or Type Name of Authorized Person

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY