

## 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

\$75-50- 12 2012. SUPILNOV,

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 201

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	11-1-110						
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5010 X URIONA INVEST. CCC.							
3. State of Formation 4. Brief description of the cha	4. Brief description of the character of business conducted in Rhode Island						
RI INU=ST,							
5. Principal office address	City	State	Zip				
43 GRUTTO AU.	PAWT.	RI	02860				
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AN	ND NAME OR TITLE OF CONTACT PE	RSON:					
Contact Name	Contact Title	_					
JUAN NI URIONA	PRESIDEN	<i>77 · ·</i>					
Street Address 43 GROTTO AU	PAWT.	State P	Zip				
	raw.	1	02860				
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE	HE LIMITED LIABILITY COMPANY, IF A	PPLICABLE - DO N	OT LIST MEMBERS				
( A BUX FUR ATTACHMENT)	example of the second second second second	artian entre	areas a receiva				
Manager Name	Manager Name		SE C				
Street Address			200 000 000 000				
	Street Address	Street Address					
43 G120770 AV.							
City State Zip 25	City	State	Zip				
Manager Name	Manager Name	L					
	3		18 E				
Street Address	Street Address	Street Address					
			21 A				
City State Zip	City	State	Zip				
8. RESIDENT AGENT IN RHODE ISLAND			Signification (States or well and a room properly for continuous)				
This information is currently of record in the Office of the Secretary of State. Changes require filing 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

06-04-12 Date

JUDN M. UR CON Print or Type Name of Authorized Person