

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 2012

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 company						
561478	561478 IPIONA INUZST. LLC						
3. State of Formation	mation 4. Brief description of the character of business conducted in Rhode Island						
RI.	JUEST -						
5. Principal office address 73 6720770			City PAWT.	State	Zip 02860		
	TED LIABILITY	COMPANY AND	NAME OR TITLE OF CONTACT.	PERSON:			
Contact Name JUAN M. URIONA				PRESIDENT			
Street Address 43 GROTTO W. P			City POWT.	State P_I	Zip 02 860		
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMEN	MES AND ADDF T)	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO N</u>			
Manager Name JUDW NA URIONA			Manager Name	Manager Name			
Street Address 43 GROTTO AU.			Street Address	Street Address			
43 GROTTO City POWT.	State R.	Zip 0280	City	State	Zip		
Manager Name			Manager Name		> 0		
Street Address			Street Address	·			
City	State	Zip	City	State	Zip 🔀 🙃		
8. RESIDENT AGENT IN RHOD	-1 -1 / 4	Bed to be with the second of the second	i de la companya de l		Sale Co.		
This information is currently o	f record in the	Office of the Sec	retary of State. Changes require	filing Form 642.	구 오다		
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3.0			
THE RESERVED	经验证证明		国产的企业

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.

Humaly

05-04-12

Signature of Authorized Person

Date

Print or Type Name of Authorized Person