

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					
139867	F&T MAI	F&T MANAGEMENT, LLC					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island MANAGEMENT SERVICES					
RHODE ISLAND	MANAGI						
5. Principal office address 505 CENTRAL AVENUE		City PAWTUCKET	State RI	Zip 02861			
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:			
Contact Name JONATHAN D. FAIN			Contact Title				
Street Address			City	State	Zip		
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI		PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address		Street Address					
City	State	Zíp	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	HODE ISLAND	<u> </u>					
This information is curren	tly of record in th	e Office of the Sec	retary of State, Changes require fi	ling Form 642.	····		
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FILED

JUN 07 2012

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File Date			
Check No			· ·
Ву:			
FOR SECRETA	RY OF ST	ATE USE	ONLY

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

Date

JONTHAN D. FAIN

Print or Type Name of Authorized Person