

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

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. 15360	l —	me of the limited liat	oility company					
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Real Estate						
5. Principal office address 36 Washington Square			City Newport	State RI	Zip 02840			
Gellatingkendersky	DELIMITEDIAMIN	e and any arm	MACHORAGIC CONTROL					
Contact Name Thomas Abruzese			Contact Title					
Street Address 29 Agar Street			City Yonkers	State NY	Zip 10701			
	IS (NAMES AND ADI CHMENT) [PRESSES) OF THE	LIMITED LIABILITY COMPANY,	FAPPLCABLE DO	NOT LIST MEMBER			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDEKT AGENTIN		Page 1	a Trest Grand (1904) Paragraph		skirt Osmoji in sirije:			
This information is curr	ently of record in the	e Office of the Secu	etary 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

Print or Type Name of Authorized Person