

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.

137 Angell Road 6. MAILING ADDRESS OF LIMIT Contact Name Robert Coia Street Address	Septic tai	nk and cesspo	city Cumberland NAME OR TITLE OF CONTACT PI Contact Title	State RI	Zip 02864
6. MAILING ADDRESS OF LIMIT Contact Name Robert Coia Street Address	TED LIABILITY	Y COMPANY AND	Cumberland NAME OR TITLE OF CONTACT P	RI	Zip 02864
Contact Name Robert Coia Street Address	TED LIABILITY	Y COMPANY AND		ERSON:	
Contact Name Robert Coia Street Address					NAC 200 201 CLASSOCIO PARA DEL PARA DE LA CARRA DEL CARRA DEL CARRA DE LA CARA
			Contact Title		
Street Address 137 Angell Road			City Cumberland	State RI	Zip 02864
7. LİST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDI	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS
lanager 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. RESIDENT AGENT IN RHODE					
This information is currently of	record in the	Office of the Secr	etary of State. Changes require fi	ling Form 642.	

FILED

SEP 04 2012

File Date _______Check No______By:

FOR SECRETARY OF STATE USE ONLY

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

Robert H. Coia, Member

Print or Type Name of Authorized Person