

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 na	me of the limited liab	ility company		
117116		o or are minico mac	mity company		
147497	_ M	TBE	ALT Deve cter of business conducted in Rho	Lupemen	of LLC
3. State of Formation	4. Brief des	cription of the charac	cter of business conducted in Rho	de Island	, ,
BI	1	3 EAL T	Tata		
5. Principal office address		1640	lCity 🖸		
1063 Min	=nu(Sq	RIN ASZ	W-Pasis	State	2ip 02904
6. MAILING ADDRESS OF LI	MITED LIABIN	TY COMPANY AND	NAME OF TITLE OF CONTACT	PERSON:	1
Contact Name		·	Contact Title		
Horthey B.	MARCI	8000 S	1 TREEL LEW	5	
Street Address			City C	State	Zip
23 CAPRIAL	WA	<u> </u>	LIMITED LIABILITY COMPANY,	RI	62904
7. LIST <u>ALL</u> MANAGERS (NA	MES AND AP	DRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS
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Manager Name			Manager Name		
Street Address			Street Address		
			Street Address		
City	State	Zip	City	State	· · · · · · · · · · · · · · · · · · ·
			Olly Control	State	Zip
Manager Name			Manager Name		
			Wallago, Hallio		
Street Address			Street Address	. <u>. </u>	
			250171441050		
City	State	Zip	City	State	7:-
`] '	1	State	Zip
8. RESIDENT AGENT IN RHOI	DE ISLAND	gangrus ganderum teg			
		e Office of the Secri	etary of State. Changes require	filing Form 642	
			, otate, onariges require	ming FOIII 642.	

FILED

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

Print or Type Name of Authorized Person