

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.

40 Agnes Street 5. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Karl Krikorian Street Address 40 Agnes Street City Providence 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State City State City State City State Street Address	Zip 02909
Rhode Island 5. Principal office address 40 Agnes Street 6. MAILING ADDRESS OF LIMITED EXBILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Karl Krikorian Street Address 40 Agnes Street 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT ("X" BOX FOR ATTACHMENT) Manager Name Street Address Street Address City State Street Address Street Address Street Address Street Address Street Address Street Address	Zip 02909
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City State Zip City State	
State State	
	Zip
Manager Name Manager Name	
Street Address Street Address	
City State Zip City State	Zip
8. RESIDENT AGENT IN RHODE ISLAND	
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	

FILED

SEP **05** 2012

By MMC) M # 6651

File Date Check No 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,

Date

Il statements contained herein are true and correct. of Authorized

Print or Type Name of Authorized Person