

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.

3. State of Formation Rhode Island Purchase and development of real estate and other related matters 5. Principal office address 45 Troy Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Karl Krikorian Street Address 45 Troy Street City Providence Ri Contact Title Member Street Address 45 Troy Street City Providence Ri City Providence Ri Contact Title Member Street Address 45 Troy Street City Providence Ri Copany, if Applicable - Do NOT LIST MEMB! ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip State Zip Manager Name	1. Entity ID No.	2. Exact na	2. Exact name of the limited liability company							
Rhode Island Purchase and development of real estate and other related matters 5. Principal office address 45 Troy Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Karl Krikorian Street Address 45 Troy Street City Providence RI City State City Providence RI City State City Providence RI City State City	508324	Clear C	Clear Choice Investment Group, LLC							
Rhode Island Purchase and development of real estate and other related matters 5. Principal office address 45 Troy Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name	3. State of Formation	4. Brief des	Brief description of the character of business conducted in Bhode Island							
45 Troy Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Karl Krikorian Street Address 45 Troy Street 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City City State Zip Manager Name Street Address Street Address Street Address City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip Manager Name	Rhode Island	Purchas	Purchase and development of real estate and other related matters							
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City State Zip City State Zip B. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name						
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The Control of the Co	City	State	Zip	City	State	Zip				
	8. RESIDENT AGENT IN R	HODE ISLAND								
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is curren	itly of record in th	e Office of the Secr	etary of State. Changes require f	iling Form 642	ander, a				

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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

Date

Print or Type Name of Authorized Person