

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. | | 2. Exact name of the limited liability company Duzien, LLC | | | | | | |
|---|----------------------|---|------------------------------------|---|---------------------|--|--|--|
| 139593 | , | | | | | | | |
| 3. State of Formation | 4. Brief des | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| Rhode Island | Own rea | Own real estate | | | | | | |
| 5. Principal office address 333 Westminster Street, Studio 200 | | | City Providence | State RI | Zip 02903 | | | |
| | LIMITED LIABILI | FY COMPANY AND | NAME OR TITLE OF CONTACT P | ERSON: | | | | |
| Contact Name Richard Dubrow | | | Contact Title | | | | | |
| Street Address 333 Westminster Street, Studio 200 | | | City Providence | State RI | Zip 02903 | | | |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | (NAMES AND ADD | DRESSES) OF THE | LIMITED LIABILITY COMPANY, IF | APPLICABLE - DO | NOT LIST MEMBERS | | | |
| Manager Name Richard Dubrow | | | Manager Name | Manager Name | | | | |
| Street Address same as above | | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | | |
| Manager Name JON ATHAN B. KLETZIEN | | | Manager Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | | |
| 8. RESIDENT AGENT IN F | 4. | | | 5 (0.00) and a second of the | | | | |
| This information is curre | ntly of record in th | e Office of the Sec | retary of State. Changes require f | iling Form 642. | | | | |

FILED

SEP 07 2012

| | | 138 |
|----------|-----------------|--------------------------|
| | | |
| | | |
| RETARY O | BETARY OF STATE | RETARY OF STATE USE ONLY |

of perjury, I declare and affirm that I have examined thuding any accompanying schedules and statements, the temperature of the statements of the statements are true and correct.

umorized Person

8.08.12 Date

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012