

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence. RI 02904-2615

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 20/2

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law

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e Island				
State R	67860°			
n State RI	D2842			
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS				
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name				
Street Address				
State	Ζίρ			
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Street Address				
State	Zip			
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8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11				
AMI 0:2 AMI.G.D. 7-10-11				
	PERSON: State			

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

	SEP 07 2017	Under penalty of perjury, I declare and a	ffirm that I have examined this report.
	7 7598	including any adompanying schedules a contained herein are true and correct.	and statements, and that all statements
File Dave	• • •	1XXIIL	9/5/201
Check No.	j	Signature of Authorized Person	Date
By:FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person	Niroletta
	J		Form 632 Rev. 08/08