

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

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				
1493603						
3. State of Formation	1	Brief description of the character of business conducted in Rhode Island				
RI	400	in St. City Co. Sinte RI 210 02616				
5. Principal office address 6 > 5 M	in S	4.	City_ Exst GA	eanich State KI	Zip 02818	
5. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name	Inna	sec: 11	Contact Title	Member		
Street Address 655 Main St.			City E. Evaen	wick State	ZIP 02818	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT)						
Manager Name			Manager Name	Manager Name		
Street Address	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		Street Address	Street Address		
City	State	Zip	City	State	Zlp	
Manager Name	THE RESERVE THE PARTY OF THE PA		Manager Name	Manager Name		
Street Address			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 1 7 2012

File Date __ Check No _

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declars and affirm that I have examined this report, instuding any accompanying schedules and statements, and that all statements contained herein are true and correct.

Towwee. 11.

Date

Signature of Authorized Ferson

Print or Type Name of Authorized Person