

1. Entity ID No.

Revised: 01/2012

0M820

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

11 41-5

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.

2. Exact name of the limited liability company

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

IMA-OIT FIRST TROPS WILL					
3. State of Formation	4. Brief description	of the character of bu	siness conducted in Rhode	Island	
J	Real S	pote De	frontzoli		
5. Principal office address 56 CALLA ST	•	······································	City Provides	State I	02905
6. MAILING ADDRESS OF LIMIT	ED LIABILITY CO	MPANY AND NAME C			
Contact Name Connel SIERICH			Contact Title Member.		
Street Address 56 Ce LL A			City Prawiden	cce State	21p029v5
7. LIST ALL MANAGERS (NAM) * ("X" BOX FOR ATTACHMENT	ES AND ADDRESS D □	SES) OF THE LIMITEI	LIABILITY COMPANY, IF	APPLICABLE - <u>DO N</u>	IOT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name 20		
Street Address			Street Address		
City	State	Zip	City	State	Zip 27
8. RESIDENT AGENT IN RHODI	E ISLAND	CONSIGNATION CONTRACTOR	energy endogenergy by		
This information is currently of	frecord in the Offi	ce of the Secretary o	of State. Changes require f	iling Form 642.	
					DIV E
		FILED			
	BY.	SEP 2 7 2012	<u> </u>		
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. Check No.** Signature of Authorized Person Date					
BY:	5 12 10 17		Print or Type Name of	SIEKINE	9 9/37/12