State of Rhode Island and Providence Plantations Office of the Secretary of State Fee: \$50.00 Division Of Business Services 148 W. River Street Providence R102904-2615 (401) 222-3040 Secondary Secondar	OH IN				
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 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 (R.I.G.L. 7-16-66(b&o) is subject to a penalty fee of \$25.00 ANNUAL REPORT YEAR: 2012 1. ID No. 000155209 2. Exact Name of the Limited Liability Company RJS Acquisitions, LLC 3. State of Formation State: Ri 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Real property acquisition 5. Principal Office Address No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEPTELD State: Ri Zip: 02879 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: RONAD J. SMITH Contact Title: MEMBER No. and Street: <u>60 MAIN STREET</u> City or Town: WAKEPTELD State: Ri Zip: 02879 Country: USA A diverse: OUD State: RI Zip: 02879 Country: USA A distreet: Address	RAL				ONS Fee: \$50.00
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 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 (R.I.G.L. 7-16-66(b&o) is subject to a penalty fee of \$25.00 ANNUAL REPORT YEAR: 2012 1. ID No. 000155209 2. Exact Name of the Limited Liability Company RJS Acquisitions, LLC 3. State of Formation State: Ri 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Real property acquisition 5. Principal Office Address No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEPTELD State: Ri Zip: 02879 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: RONAD J. SMITH Contact Title: MEMBER No. and Street: <u>60 MAIN STREET</u> City or Town: WAKEPTELD State: Ri Zip: 02879 Country: USA A diverse: OUD State: RI Zip: 02879 Country: USA A distreet: Address		Division O	f Ducinaca Comica	9	
Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filling Period: September 1 - November 1 In accordance with RJ.G.L. 7-16-66(d), each limited liability company failing or refusing to the its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&o)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2012 1. ID No. <u>000155209</u> 2. Exact Name of the Limited Liability Company RJS Acquisitions, LLC 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Real property acquisition. 5. Principal Office Address No. and Street: <u>66 MAIN STREET</u> City or Town: YAKEFIELD State: RI Zip: 02879 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Country: USA 7. Anne and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address. Address. City or Town, State. Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 State: Ring and Address				8	
(401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(60), each limited liability company failing or refusing to file is annual report with ritry (20) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2012 1. ID No. 000155209 2. Exact Name of the Limited Liability Company RJS Acquisitions, LLC 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Real property acquisition 5. Principal Office Address No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI Zi: 02879 Country: USA A. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>80NALD J. SMITH Contact Title: MEMBER</u> No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI Zi: 02879 Country: USA A. Mame and Address of Each Manager of the Limitied Liability Company, if Applicable. DO NOT L	v				
Limited Liability Company Annual Report Filing Period: September 1 - November 1 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 (R.I.G.L. 7-16-66(b.8c.)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2012 1. ID No. 000155209 2. Exact Name of the Limited Liability Company <u>RJS Acquisitions, LLC</u> 3. State of Formation State: <u>RI</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Real property acquisition 5. Principal Office Address No. and Street: <u>66 MAIN STREET</u> Citly or Town: WAKEFIELD State: <u>RI</u> Zip: <u>02879</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>RONALD J. SMITH Contact Title: MEMBER</u> No. and Street: <u>66 MAIN STREET</u> Citly or Town: WAKEFIELD State: RI zip: <u>02879</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS <u>Title</u> Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filling of Form 642 - R.I.G.L. 7-16-11 <td>6</td> <td></td> <td></td> <td></td> <td></td>	6				
Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company falling or refusing to life is annual report with inity (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2012 1. ID No. 000155209 2. Exact Name of the Limited Liability Company RJS Acquisitions, LLC 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Real property acquisition 5. Principal Office Address No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI Xio and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI Xio and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI Zip: <u>02879</u> Country: USA Contact Name: <u>RONALD J. SMITH Contact Title: MEMBER</u> No. and Street: <u>66 MAIN STREET</u> City or Town: City or Town: WAKEFIELD State: RI Zip: <u>02879</u> Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address Address, City or Town, State, Zip Code, Cou	stary of	(401) 222-3040		
Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to Ile its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2012 1. ID No. 000155209 2. Exact Name of the Limited Liability Company RJS Acquisitions, LLC 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Recal property acquisition 5. Principal Office Address No. and Street: 66 MAIN STREET City or Town: WAKEFIELD State: RI Zip: 02879 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: 66 MAIN STREET No. and Street: 66 MAIN STREET City or Town: WAKEFIELD State: RI No. and Street: 66 MAIN STREET City or Town: WAKEFIELD State: RI No. and Street: 66 MAIN STREET City or Town: WAKEFIELD State: RI Name and Address of Each Manager of the Limited Liability Compan		Company			
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 (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2012 1. ID No. 000155209 2. Exact Name of the Limited Liability Company <u>RUS Acquisitions, LLC</u> 3. State of Formation State: <u>RI</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>Real property acquisition</u> 5. Principal Office Address No. and Street: <u>66 MAIN STREET</u> City or Town: <u>WAKEFIELD</u> State: <u>RI</u> Zip: <u>02879</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>RONALD J SMITH</u> Contact Title: <u>MEMBER</u> No. and Street: <u>66 MAIN STREET</u> City or Town: <u>WAKEFIELD</u> State: <u>RI</u> Zip: <u>02879</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. <u>DO NOT LIST MEMBERS</u> <u>Title</u> Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11					
Real property acquisition 5. Principal Office Address No. and Street: 66 MAIN STREET City or Town: WAKEFIELD State: RI 2. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: 60 MAIN STREET City or Town: WAKEFIELD State: RI Zity or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: 60 MAIN STREET City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS State: Title Individual Name Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require F	Filing Period: Septer	ber 1 - November 1			
Real property acquisition 5. Principal Office Address No. and Street: 66 MAIN STREET City or Town: WAKEFIELD State: RI 2. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: 60 MAIN STREET City or Town: WAKEFIELD State: RI Zity or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: 60 MAIN STREET City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS State: Title Individual Name Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require F	In accordance with R	IGI 7-16-66(d) each limited lia	hility company failir	na or refusina	n to
7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2012 1. ID No. 000155209 2. Exact Name of the Limited Liability Company <u>RJS Acquisitions, LLC</u> 3. State of Formation State: <u>RI</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Real property acquisition 5. Principal Office Address No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: <u>RI</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>RONALD J. SMITH</u> Contact Title: <u>MEMBER</u> No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: <u>RI</u> Zip: <u>02879</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11					
1. ID No. 000155209 2. Exact Name of the Limited Liability Company RJS Acquisitions, LLC 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Real property acquisition 5. Principal Office Address No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI zip: <u>02879</u> Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI zip: <u>02879</u> Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>66 MAIN STREET</u> No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI zip: <u>02879</u> Country: USA The Individual Name Address Address MAIN STREET Address, City or Town, State, Zip Code, Country USA Title Individual Name RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER					
2. Exact Name of the Limited Liability Company RJS Acquisitions, LLC 3. State of Formation State: Rl 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Real property acquisition 5. Principal Office Address No. and Street: 66 MAIN STREET City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: 60 MAIN STREET No. and Street: 66 MAIN STREET Contact Name: RONALD J. SMITH Contact Title: MEMBER No. and Street: 66 MAIN STREET City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Address, City or Town, State, Zip Code, Country	ANNUAL REPORT	/EAR: <u>2012</u>			
2. Exact Name of the Limited Liability Company RJS Acquisitions, LLC 3. State of Formation State: Rl 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Real property acquisition 5. Principal Office Address No. and Street: 66 MAIN STREET City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: 60 MAIN STREET No. and Street: 66 MAIN STREET Contact Name: RONALD J. SMITH Contact Title: MEMBER No. and Street: 66 MAIN STREET City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Address, City or Town, State, Zip Code, Country	1 ID No 00014	5209			
3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Real property acquisition 5. Principal Office Address No. and Street: <u>66 MAIN STREET</u> City or Town: <u>WAKEFIELD</u> State: RI Zip: <u>02879</u> Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>60 MAIN STREET</u> No. and Street: <u>66 MAIN STREET</u> City or Town: <u>WAKEFIELD</u> State: RI Zip: <u>02879</u> Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11					
State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Real property acquisition 5. Principal Office Address No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI zip: 02879 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>66 MAIN STREET</u> No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address, City or Town, State, Zip Code, Country State: RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	2. Exact Name of	the Limited Liability Company	RJS Acquisitions,	LLC	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Real property acquisition 5. Principal Office Address No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>RONALD J. SMITH</u> Contact Title: No. and Street: <u>66 MAIN STREET</u> City or Town: No. and Street: <u>66 MAIN STREET</u> City or Town: No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country S RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	3. State of Format	ion			
Real property acquisition 5. Principal Office Address No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI Zip: <u>02879</u> Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>RONALD J. SMITH Contact Title: MEMBER</u> No. and Street: <u>66 MAIN STREET</u> City or Town: <u>VAKEFIELD</u> State: RI Zip: <u>02879</u> Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	State: <u>RI</u>				
No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI Zip: <u>02879</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>RONALD J. SMITH</u> Contact Title: MEMBER No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: RI Zip: <u>02879</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address Address. City or Town, State, Zip Code, Country S RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	4. Brief Description	of the Character of the Busine	ss Which is Actua	ally Conduct	ted in Rhode Island
City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: RONALD J. SMITH Contact Title: MEMBER No. and Street: 66 MAIN STREET E City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Country: USA Country: USA Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 State: RI			ss Which is Actua	ally Conduct	ted in Rhode Island
City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: RONALD J. SMITH Contact Title: MEMBER No. and Street: 66 MAIN STREET E City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Country: USA Country: USA Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 State: RI	Real property acqui	sition	ss Which is Actua	ally Conduct	ted in Rhode Island
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: RONALD J. SMITH Contact Title: MEMBER No. and Street: <u>66 MAIN STREET</u> City or Town: WAKEFIELD State: <u>RI</u> Zip: <u>02879</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	Real property acqui	sition Address	ss Which is Actua	ally Conduct	ted in Rhode Island
Contact Name: <u>RONALD J. SMITH</u> Contact Title: <u>MEMBER</u> No. and Street: <u>66 MAIN STREET</u> City or Town: <u>WAKEFIELD</u> State: <u>RI</u> Zip: <u>02879</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS <u>Title</u> Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	Real property acqui	sition Address <u>66 MAIN STREET</u>			
No. and Street: 66 MAIN STREET City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	Real property acqui	sition_ Address <u>66 MAIN STREET</u> <u>WAKEFIELD</u>	State: <u>RI</u> Zip	o: <u>02879</u>	Country: <u>USA</u>
City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	Real property acqui 5. Principal Office No. and Street: City or Town: 6. Mailing Address	sition Address <u>66 MAIN STREET</u> <u>WAKEFIELD</u> of Limited Liability Company a	State: <u>RI</u> Zip and Name or Title	o: <u>02879</u>	Country: <u>USA</u>
Title Individual Name First, Middle, Last, Suffix Address Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 Page 2000	Real property acqui 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: <u>RO</u>	sition Address <u>66 MAIN STREET</u> <u>WAKEFIELD</u> of Limited Liability Company a NALD J. SMITH Contact Title: <u>M</u>	State: <u>RI</u> Zip and Name or Title	o: <u>02879</u>	Country: <u>USA</u>
DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	Real property acqui 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: RO No. and Street:	sition Address <u>66 MAIN STREET</u> <u>WAKEFIELD</u> of Limited Liability Company a NALD J. SMITH Contact Title: <u>M</u> <u>66 MAIN STREET</u>	State: <u>RI</u> Zip and Name or Title IEMBER	o: <u>02879</u> of Contact	Country: <u>USA</u> Person:
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	Real property acqui 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: RO No. and Street:	sition Address <u>66 MAIN STREET</u> <u>WAKEFIELD</u> of Limited Liability Company a NALD J. SMITH Contact Title: <u>M</u> <u>66 MAIN STREET</u>	State: <u>RI</u> Zip and Name or Title IEMBER	o: <u>02879</u> of Contact	Country: <u>USA</u> Person:
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	Real property acqui 5. Principal Office A No. and Street: City or Town: 6. Mailing Address Contact Name: RO No. and Street: City or Town: 7. Name and Address	Sition Address 66 MAIN STREET WAKEFIELD of Limited Liability Company a NALD J. SMITH Contact Title: M 66 MAIN STREET WAKEFIELD Sess of Each Manager of the Lim	State: <u>RI</u> Zip and Name or Title IEMBER State: <u>RI</u> Zip	o: <u>02879</u> of Contact	Country: <u>USA</u> Person: Country: <u>USA</u>
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	Real property acqui 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: RO No. and Street: City or Town: 7. Name and Address	Address <u>66 MAIN STREET</u> <u>WAKEFIELD</u> of Limited Liability Company a <u>NALD J. SMITH</u> Contact Title: <u>M</u> <u>66 MAIN STREET</u> <u>WAKEFIELD</u> ess of Each Manager of the Limes SMBERS	State: <u>RI</u> Zip and Name or Title IEMBER State: <u>RI</u> Zip hited Liability Con	o: <u>02879</u> of Contact 1 o: <u>02879</u> npany, if Ap	Country: <u>USA</u> Person: Country: <u>USA</u> plicable.
DANIEL STONE, ESQ. 10 CATLIN AVENUE RUMFORD , RI 02916	Real property acqui 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: RO No. and Street: City or Town: 7. Name and Address	sition Address 66 MAIN STREET WAKEFIELD of Limited Liability Company a NALD J. SMITH Contact Title: M 66 MAIN STREET WAKEFIELD ess of Each Manager of the Lim SMBERS Individual Name	State: <u>RI</u> Zip and Name or Title IEMBER State: <u>RI</u> Zip nited Liability Con	o: <u>02879</u> of Contact o: <u>02879</u> npany, if Ap Ad	Country: <u>USA</u> Person: Country: <u>USA</u> plicable.
	Real property acqui 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: RO No. and Street: City or Town: 7. Name and Addrest DO NOT LIST ME Title 8. RESIDENT AGEN	Sition Address 66 MAIN STREET WAKEFIELD of Limited Liability Company a NALD J. SMITH Contact Title: MAKEFIELD 200 MAIN STREET WAKEFIELD 201 Bess of Each Manager of the Lime 202 MBERS Individual Name First, Middle, Last, Suffi T IN RHODE ISLAND - DO NOT	State: <u>RI</u> Zip and Name or Title IEMBER State: <u>RI</u> Zip hited Liability Con	o: <u>02879</u> of Contact o: <u>02879</u> npany, if Ap Ad	Country: <u>USA</u> Person: Country: <u>USA</u> plicable.

Signed this 28 Day of September, 2012 at 3:10:36 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>DANIEL STONE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2012 State of Rhode Island and Providence Plantations All Rights Reserved