



**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. <b>529851</b>		2. Exact name of the limited liability company <b>FAB 4, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE &amp; OTHER INVESTMENTS. ANY LAWFUL BUSINESS.</b>			
5. Principal office address <b>1015 AQUIDNECK AVENUE</b>		City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	
Contact Name <b>DELFIN M. MARTIN</b>		Contact Title <b>MANAGER</b>			
Street Address <b>1015 AQUIDNECK AVENUE</b>		City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	
Manager Name <b>DELFIN M. MARTIN</b>		Manager Name <b>ARTHUR G. HANOIAN</b>			
Street Address <b>1015 AQUIDNECK AVENUE</b>		Street Address <b>1015 AQUIDNECK AVENUE</b>			
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>RESIDENT MANAGER IN PROVIDENCE</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

SEP 28 2012

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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.

*Delphine M. Martin* 9/25/12  
 Signature of Authorized Person Date

**DELFIN M. MARTIN**

Print or Type Name of Authorized Person