

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

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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.

RI 5. Principal office address 100 Dupont Drive 6. MAILING ADDRESS OF LIMITI Contact Name Gary B. Jacobsen Street Address see above	4. Brief description holding, ED LIABILITY Co	owning, buy	Contact Title Manager City	Sing, mortga State RI SON:	Zip 02907
3. State of Formation RI 5. Principal office address 100 Dupont Drive 6. MAILING ADDRESS OF LIMITE Contact Name Gary B. Jacobsen Street Address see above	4. Brief description holding, ED LIABILITY Co	owning, buy	ing, selling, leas City Providence OR TITLE OF CONTACT PER Contact Title Manager City	Sing, mortga State RI SON:	Zip 02907
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Contact Name Gary B. Jacobsen Street Address see above	ES AND ADDRES		Contact Title Manager City	State	
Gary B. Jacobsen Street Address see above		SES) OF THE LIMITE	Manager City		
Street Address see above		SSES) OF THE LIMITE	City		
see above		SSES) OF THE LIMITE	,		
		SSES) OF THE LIMITE	 ED LIABILITY COMPANY, IF AI	PLICABLE - DO N	OT LIST MEMBERS
		SES) OF THE LIMITE	D LIABILITY COMPANY, IF A	PPLICABLE - DO N	OT LIST MEMBERS
7. LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT)					
Manager Name			Manager Name		
Gary B. Jacobsen					
Street Address			Street Address		
see above					
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip 🔽
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8. RESIDENT AGENT IN RHODE	ISLAND				
This information is currently of r		ice of the Secretary	of State, Changes require filin	g Form 642.	
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File Date	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	2 lufu	9.21.12	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Gary B. Jacobsen Print or Type Name of Authorized Perso	Manager	

Form No. 632 Revised: 01/2012