

CRH 225/A. Raip

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

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.

1. ID No. 107970	-	uct name of the limited liability company							
3. State of Formation RHODE ISLAND	Formation 4. Brief description of the character of the business			vbich is actually conducted in Rhode Island					
5. Principal office address 875 CENTERVILLE ROAD				Gity WARWICK	R			<i>7.ip</i> 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME CONTACT Name ROBERT H. SLOAN, JR.				Contact Title					
Street Address 875 CENTERVILLE ROAD				City WARWICK		State RI		<i>Zip</i> 02886	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)									
Manager Name				Manager Name					
Street Address				Street Address					
City	State		Zip	City	Sto	State		Zip	
Manager Name				Manager Name					
Street Address				Street Address					
City	State	AND DO	Zip	City				Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name JOSEPH F. WHINERY, JR., ESQ.				Address CAMERON & MITTLEMAN LLP					
Address				City		Zip 02908			
301 PROMENADE STREET				PROVIDENCE 02908				4.07 d	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

107970

File Date — OCT 05 2012
Check No. By MMC
Ву:
FOR SECRETARY OF STATE USE ONLY

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,

Signature of Authorized Person

Robert H. Sloan, Jr.

Print or Type Name of Authorized Person