

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* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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 see of \$25,00.

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1346 Bald Hill Road Marwick RI 02886 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Command Time Autorney Autorney 1080 Main Street 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 Manage	3. State of Formation Rhode Island	4. Brief descripts	ion of the character of the b	pusiness which is actually conducted in Fig. 18 g Real Estate	Phode Island		
Combact Name Contact Name Co	5. Principal office address 1346 Bald Hill Road			,			
Altorney		SS OF LIMITED LIAB	ILITY COMPANY AN		CT PERSON:	•	
Cop		ge					
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IP APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name	Street Address				State	Zip	
Manager Name None Manager Name None Street Address City State Zip A RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 FILED NOV 0 1 2012 A (82341 This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). Zignature of Authorized Person Date Signature of Authorized Person Date	1080 Main Street			Pawtucket	RI	02860	
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	JIECK 140.			Signature of Autho	rized Person		
FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Person	Ву:						
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