

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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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.

E STAND No.	2 Event nam	e of the limited liab	ility company			
1. Entity ID No.						
551452		- •	les LLC			
State of Formation 4. Brief description of the character				ode Island		
Rhode Is	land Mar	iufactur				
5. Principal office address	SS		City	State	Zip 02860	
130 Br	<u>ewster St</u>	<u>. </u>	Pawtucket	RI		
6. MAILING ADDRESS	OF LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name			Contact Title	1		
Carol A	, Tedes	دن		President State Zip		
Stroot Address			City		02860	
130 Br	ewster S	<u>st·</u>	Pawtucket			
7. LIST ALL MANAGER	RS (NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO 1</u>	NOT LIST MEMBERS	
("X" BOX FOR ATTA	CHMENT)					
Manager Name	"		Manager Name			
Street Address			Street Address	Street Address		
			City	State	Zip	
City	State	Zip	City	Diale		
			Manager Name	Manager Name		
Manager Name						
Street Address			Street Address	Street Address		
				[0:-1-	7in	
City	State	Zip	City	State	Zip	
O DECIDENT ACCRIT	N DHODE ISLAND					
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						
This information is cui	rentity of record in the	e Office of the Sec	interior of other original requirements			

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File Date	
Check No	
Ву:	· · · · · · · · · · · · · · · · · · ·
FOR SECRETARY	Y 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 Date

Carol A. Tedesco
Print or Type Name of Authorized Person

Form No. 632 Revised, 01/2812