

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

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.	2. Exact na	me of the limited liab	pility company				
15564	/		my LLC				
3. State of Formation	4. Brief des	cription of the chara	cter of business conducted in Rhode	sland			
Rushe - sea	ob du	41					
5. Principal office address			City	State	Zip		
1500 (a)erra	JOUTH G	047	AND NEWYOR.		04840		
Contact Name							
JAMES AFTEKER			Contact Title	Contact Title			
Street Address			City	State	Zip		
1520 CAPELL	A SOUTH,	GOAT LAL	isonwall due	<u> </u>	04840		
				grafika sa manaka mengelakan ji			
Manager Name							
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name	I			_			
manager manie			Manager Name				
Street Address			Street Address	Street Address			
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City	State	Zip	City	State	Zip		
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Inis information is curre	ntly of record in the	e Office of the Seci	retary of State. Changes require f	ling Form 642.			

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Form No. 632 Revised: 01/2012 FILED

NOV 0 9 2012

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements opntained herein are true and correct.

Signature of Authorized Person

10/35/13

VAMES ADTEKER

Print or Type Name of Authorized Person