

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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2012

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.

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3. State of Formation Rhode Island		4-Brief description of the character of business conducted in Rhode Island and any other legal purpose for which a limited liability company may be formed.					
Principal office address 1468 Elmwood Avenue			City Cranston	State RI	^{Zig} 910		
Contact Name Ernest Crivellone			Contact Title Manager				
Street Address 1468 Elmwood Avenue			Cranston	State RI	^{Zio} 02910		
Manager Name Ernest Crivellone			Manager Name				
Street Address 1468 Elmwood Ave	nue		Street Address				
City Cranston	State RI	^{Zio} 2910	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
This Information is curre	The AM LONG TO ME OF THE P	e Office of the Secret	ary of State. Changes require	e filing Form 642			

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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

Ernest Crivellone

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012