

## 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 des									
5. Principal office address 212 Mount Hope Street			North Attleboro	State MA	7ip 02760					
Contact Name Mark Gabory			Contact Title Member							
Street Address 212 Mount Hope Street			North Attleboro	State MA	<sup>Zio</sup> <b>02760</b>					
Manager Name			Manager Name	Manager Name						
Street Address			Street Address	Street Address						
City	State	Zip	City	State	Zip					
Manager Name			Manager Name	Manager Name						
Street Address			Street Address	Street Address						
City	State	Zip	City	State	Zip					
This information is current	ly of record in the	Office of the Secr	retary of State. Changes require filin	na Form 642.						

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

Mark Gabory

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012