State of Rhode Island and Providence Plantations No Fe Office of the Secretary of State			
Division Of Business Services 148 W. River Street			
Providence RI 02904-2615 (401) 222-3040			
Domestic Limited Liability Company Annual Report - Amended			
(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)			
This form is only to be used to amend the current annual report on file with this office.			
ANNUAL REPORT YEAR: 2012			
1. ID No. <u>000525833</u>			
2. Exact Name of the Limited Liability Company Joshua Luis Enterprises, L.L.C.			
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
Landscaping Maintenance & Services,			
<u>IT Consulting</u>			
5. Principal Office Address			
No. and Street: <u>64 CHARLES STREET</u> City or Town:EAST PROVIDENCEState: RIZip: 02914Country: USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: <u>64 CHARLES STREET</u> City or Town: <u>EAST PROVIDENCE</u> State: <u>RI</u> Zip: <u>02914</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
	ndividual Name		ress
Fir	st, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
ORSON AND BRUSINI LTD. 144 WAYLAND AVENUE PROVIDENCE, RI 02908			
Signed this 24 Day of January, 2013 at 3:01:43 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that			

individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>JOSHUA LUIS PEREIRA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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