

## 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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## 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.

	1		·			
1. Entity ID No.  2. Exact name of the limited liability company						
000697163 Fernandez Daunt Lhc.						
State of Formation     4. Brief description of the character of business conducted in Rhode Island						
Knode Island Vaint						
5. Principal office address  The Principal Cost	, 3+		City DOV	State 2T	<sup>Zin</sup> 291	· FC
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON.						
Contact Name Manual Permodez			Contact Title President			
Street Address St. St.		City	State 2.	Zip 729	07.	
	ES AND ADDRES	SES) OF THE LIMITED	LIABILITY COMPANY, IF APPL	ICABLE- DO NO	LIST ME	WBERS:
Manager Name			Manager Name			
Street Address	para		0	<u> </u>		
17 Primrose St			Street Address			
OffyProv	State D.J.	02909	City	State	Zip	
Manager Name			Manager Name	<del></del>		
Street Address			Street Address			
City	State	Zip	City	State	Zip	3
				Contract to 25 32 What A State will A second		ר
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 thiornicators is our critis of	record in the Onli	De of the Secretary of	State, Changes require ming F	orm 642.		<del>-</del>
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FEB 1 2 2013						
, <del></del>						
pv12 189763						

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY.

Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

2/12

Print or Type Name of Authorized Person