

## 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. Enally ID No.	2. Exact name of the limited liability company				
531467	G106	od EL	I FE ENTER P siness conducted in Rhode Island	k/565	440
3. State of Formation	4. Brief description	n of the character of bu	siness conducted in Rhode Island		
Ri RML toR tHE					
5. Principal office address			City	State	Zip
109 508BLF 90			LINCONL	177	02865
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON: 40. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1					
Contact Name FRANCISCO AGRAMINO			Contact Title		
FRANCISCO					
Street Address	•		City	State	Zip
199 COBBIE RE			b) works	177	02864
7, LIST ALL MANAGERS (NAM	ES AND ADDRESS	SES) OF THE LIMITED	LIABILITY COMPANY IF APPLI	CABLE- DO NOT	IST MEMBERS
("X" BOX FOR ATTACHMENT					
Manager Name			Manager Name		
treet Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name	-4.	·	Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8, RESIDENT AGENT IN RHODE	ISI AND MANAGE				
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					
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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 Date

Print or Type Name of Authorized Person