State of Rhode Island and Providence Plantations Fee: \$ Office of the Secretary of State				
Secretary of State	Providence R	River Street	L .	
Limited Liability Comp Annual Report Filing Period: September 1 -				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR:	<u>2013</u>			
1. ID No. <u>000791183</u>				
2. Exact Name of the Limited Liability Company Cheryl A. Comai, LLC				
3. State of Formation				
State: <u>RI</u>				
	Character of the Business		Actually Conduct	ed in Rhode Island
5. Principal Office Addres	S			
	WOODVILLE RD. E VALLEY	State: <u>RI</u>	Zip: <u>02832</u>	Country: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and	d Name or	Title of Contact F	Person:
No. and Street: <u>138 V</u>	<u>A. COMAI LLC</u> Contact Title: VOODVILLE RD. <u>E VALLEY</u>	State: <u>RI</u>	Zip: <u>02832</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name			Iress
	First, Middle, Last, Suffix		Address, City or Town,	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				
CHERYL A. COMAI 138 WOODVILLE RD. HOPE VALLEY, RI 02832				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

**Signed this 17 Day of August, 2013 at 9:03:39 AM 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>CHERYL A. COMAI, LLC</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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