

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 2013

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. Entity ID No. | l l | 2. Exact name of the limited liability company | | | | |
|--|----------------------|---|----------------------------------|-------------------------|---|--|
| 103525 | ANTON | ANTON ASSOCIATES, LLC | | | | |
| 3. State of Formation | 4. Brief des | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| Rhode Island | Metals C | asting and Too | oling Trade | | | |
| 5. Principal office address 6 Beverage Hill Avenue | | | City Pawtucket | State RI | Zip 02860 | |
| 6. MAILING ADDRESS OF | LIMITED LIABILI | FY COMPANY AND | NAME OF TITLE OF CONTACT F | PERSON: | Add Agency is a managed in | |
| Contact Name Jeffrey A. Cohen | | | Contact Title | | | |
| Street Address 6 Beverage Hill Avenue | | | City Pawtucket | State RI | Zip 02860 | |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | | RESSES) OF THE | LIMITED LIABILITY COMPANY, II | FAPPLICABLE - <u>Do</u> | NOT LIST MEMBERS | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 8. RESIDENT AGENT IN R | HODE ISLAND | | | | | |
| This information is curren | itly of record in th | e Office of the Sec | retary of State. Changes require | filing Form 642. | | |
| | | | | | | |

FILED

AUG 30 2013

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

1-26-13

Jeffrey A. Cohen

Print or Type Name of Authorized Person