

er als / Marin a, White of Africa, Jr. .

## 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.	2. Exact nar	ne of the limited liab	pility company				
126863	1	on Int	ernational L				
3. State of Formation	4. Brief desc	cription of the charac	cter of business conducted in R	usiness conducted in Rhode Island			
RI	#	REAL EST	ate Helb				
5. Principal office address 1015 HIGH	St		CENTRAL	FAILS State	02843		
6. MAILING ADDRESS OF LIN	NITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:	<u>un gezi de, bişte, ile si</u>		
RAUMOND DION			Contact Title	Contact Title			
Street Address /			city SAME	State	Zip		
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME!		RESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - <b>DO N</b>	OT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name	<u> </u>		Manager Name	L	1		
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHO	DE ISLAND		1	ī			
This information is currently of	of record in the	Office of the Seci	retary of State. Changes requ	ire filing Form 642.			
· · · · · · · · · · · · · · · · · · ·							

File Date	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and than all statements contained herein are true and correct.			
Check No	AUG 3 0 2013	(begruf lea)	8/28/13		
By:	76 V	Signature of Authorized Person	Date		
FOR SECRETARY OF STATE USE ONLEY	283	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012