## 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 name of the limited liability company					
}-0115922	ARRUDA ENTERPRISES LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
	HOLDING AND					
RHODE ISLAND						
5. Principal office address			City	State	Zip	
321 MAIN STREET			WOONSOCKET	RI	02895	
6. MAILING ADDRESS OF	LIMITED LIABIL	ITY COMPANY AND I	NAME OR TITLE OF CONTAC	T PERSON:		
Contact Name			Contact Title	Contact Title		
RAYMOND J ARRUDA JR			MANAGER	MANAGER		
Street Address			City	State	Zip	
74 ROLLINGWOOD DRIVE			JOHNSTON	RI	02919	
		DRESSES) OF THE L	IMITED LIABILITY COMPAN	(, IF APPLICABLE - <u>D</u>	O NOT LIST MEMBERS	
("X" BOX FOR ATTACH	AENT)					
Manager Name			Manager Name	Manager Name		
RAYMOND J ARRUDA			RAYMOND J ARRUDA JR			
Street Address			Street Address	Street Address		
24 GOUSEY STREET			74 ROLLINGWOOD DRIVE			
City	State	Zip	City	State	Zip	
MANVILLE	RI	02838	JOHNSTON	RI	02919	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
S. RESIDEN AGENTIN RHODE ISLAND.						
This information is currently of record in the Office of the Secretary of State. Changes require 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 that all statements contained herein are true and correct.
Check No.	SEP 1 0 2013	Ra X2 9/9/B
B):	2976	Signature of Authorized Person Date / Ray Mond J Arruda Tr
FOR SECRETARY OF STATE-USE ONLY		Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012