

## 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

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## 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.

3. State of Formation Rhode Island Collection of claims  4. Brief description of the character of business conducted in Rhode Island Collection of claims  5. Principal office address 400 Reservoir Avenue, Suite 2H  City Providence Ri  City Providence Ri  Contact Name Contact Name Contact Name Craig A. Baker  Street Address 400 Reservoir Avenue, Suite 2H  City Providence Ri  City State Ri  City Providence Ri  City State Ri  City State Craig A. Baker  Street Address 400 Reservoir Avenue  City Providence Ri  City Ri  City State Craig A. Baker  Street Address  400 Reservoir Avenue  City Providence Ri  City State City Providence Ri  City State Street Address  Aunager Name  Craig A. Baker  Street Address  400 Reservoir Avenue  City Providence Ri  City State Ri  City State Street Address  Aunager Name  Street Address	1. Entity ID No.		me of the limited liabilit			· · · ·		
Rhode Island  5. Principal office address 400 Reservoir Avenue, Suite 2H  SITURD CONTACT PERSON  Contact Name Craig A. Baker  Street Address  400 Reservoir Avenue, Suite 2H  Contact Title Manager  Street Address  Manager Name Craig A. Baker  Street Address  Manager Name Craig A. Baker  Street Address  Manager Name Craig A. Baker  Street Address  Street Address  Street Address  Wanager Name Craig A. Baker  Street Address  Street Address  Street Address  Wanager Name Craig A. Baker  Street Address  Street Address  Street Address  Wanager Name Street Address	538519	KIIOWIII	Known Litigation Holdings LLC					
Street Address  Annual	3. State of Formation							
400 Reservoir Avenue, Suite 2H  salating appress of Leater College Manager  Contact Name Craig A. Baker  Street Address 400 Reservoir Avenue, Suite 2H  Craig A. Baker  City Providence  City Providence  (*** BOX FOR AUTACHMENT)  Manager Name Craig A. Baker  Street Address  400 Reservoir Avenue  City Providence  Manager Name Craig A. Baker  Street Address  400 Reservoir Avenue  City Providence  Street Address  400 Reservoir Avenue  City Providence  Street Address  400 Reservoir Avenue  City Providence  Street Address	Rhode Island	collectio	collection of claims					
Contact Name Craig A. Baker  Street Address 400 Reservoir Avenue, Suite 2H  City Providence RI  02907  7 UST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY PAPPICABLE POINT LIST MINIBERS  (FX BOX FOR ATTACHMENT)  Manager Name Craig A. Baker  Street Address  400 Reservoir Avenue  City Providence RI  Zip 02907  City State RI  Zip 02907  Manager Name  Street Address						Zip 02907		
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400 Reservoir Avenue, Suite 2H  7- UST ALL MANGERS (MAPS AND ADDRESSS) OF THE LIMITED LIABILITY COMPANY APPROVED TO A BLOOM AND ADDRESS OF THE LIMITED LIABILITY COMPANY APPROVED TO A BLOOM AND ADDRESS OF THE LIMITED LIABILITY COMPANY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY COMPANY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY COMPANY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY COMPANY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY COMPANY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY COMPANY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY COMPANY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY COMPANY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY COMPANY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY COMPANY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY COMPANY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY COMPANY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY COMPANY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM ADDRESS OF THE LIMITED LIABILITY APPROVED TO A BLOOM								
Manager Name Craig A. Baker  Street Address 400 Reservoir Avenue  City Providence RI  Manager Name  City Providence RI  Manager Name  Street Address  Manager Name  Street Address						<sup>Zip</sup> <b>02907</b>		
Craig A. Baker  Street Address 400 Reservoir Avenue  City State RI	7. UST ALL MANAGERS	(MAMES AND ACT	RESSES) OF THE LI					
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8 RESIDENT AGENT IN RHODE ISLAND	A BANGO A AND CARACITA AND AND AND A STATE OF THE AND A STATE OF							
This information is currently of record in the Office of the Secretary of State. Changes require filling Form 642.	This information is currer	ntly of record in the	e Office of the Secret	ary of State. Changes require f	iling Form 642.			

File Date Check No. By	FILED SEP 1 1 2013 1362	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 Aundrized Pelson  Date  Craty A. Baker
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012