RALPH MOIL	tate of Rhode Island an Office of the Se			S Fee: \$50.00
Secretary of State	Providence F	usiness Service liver Street XI 02904-2615 22-3040		
Limited Liability Com Annual Report Filing Period: September 1				
	7-16-66(d), each limited liabili n thirty (30) days after the time penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2013</u>			
1. ID No. <u>000275161</u>	<u>.</u>			
2. Exact Name of the Limited Liability Company <u>Tavares, LLC.</u>				
3. State of Formation				
State: <u>RI</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
CONSTRUCTION				
5. Principal Office Addres	SS			
	/ <u>EST PARK STREEET</u> /IDENCE	State: <u>RI</u>	Zip: <u>02904</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and	I Name or Titl	e of Contact Pe	rson:
			MANAGER	
	/ <u>EST PARK STREET</u> /IDENCE	State: <u>RI</u>	Zip: <u>02908</u>	Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Addre	ess
	First, Middle, Last, Suffix	Addr	ess, City or Town, Sta	ate, Zip Code, Country
	HODE ISLAND - DO NOT AL g of Form 642 - R.I.G.L. 7-16			
FERNANDO TAVARES 303 GREENWICH AVENUE, APT A201 WARWICK, RI 02886				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 16 Day of September, 2013 at 8:37:45 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>FERNANDO J. TAVARES</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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