

## 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.

| 1, Entity ID No.                                   | 2 Event com                             | ne of the limited liability | v company                           |                       |                           |
|--|---|-----------------------------|-------------------------------------|-----------------------|---------------------------|
| •  |   | ifast II, LLC               | γ συταματιγ                         |                       |                           |
| 274426   |   |                             |                                     |                       |                           |
| 3. State of Formation                              |   | •                           | r of business conducted in Rhode Is | sland                 |                           |
| Rhode Island                                       | Real esta                               | ite                         |                                     |                       |                           |
| 5. Principal office address PO Box 95              |   |                             | City<br>New Shoreham                | State<br>RI           | Zip<br><b>02807</b>       |
|  | EL MATER LIABILIT                       | Y COMPANY AND NA            | AME OR TITLE OF CONTACT PER         |                       | A. Tage                   |
| Contact Name                                       | - UMITED CIADICIT                       | T COMPANT AND NA            | Contact Title                       | 10011.                |                           |
| Eric Grohsgal                                      |   |                             | Manager                             |                       |                           |
| Street Address 1248 Michigan Avenue                |   |                             | City<br>Cincinnati                  | State<br>OH           | Zip<br><b>45208</b>       |
| 7. LIST <u>ALL</u> MANAGERS<br>("X" BOX FOR ATTACH | (NAMES AND ADD                          | RESSES) OF THE LII          | MITED LIABILITY COMPANY, IF A       | PPLICABLE - <u>DO</u> | NOT LIST MEMBERS          |
| Manager Name<br>Eric Grohsgal                      |   |                             | Manager Name                        |                       |                           |
| Street Address 1248 Michigan Avenue                |   |                             | Street Address                      |                       |                           |
| City<br>Cincinnati                                 | State<br>OH                             | Zip<br>45208                | City                                | State                 | Zip                       |
| Manager Name                                       | ·                                       |                             | Manager Name                        |                       |                           |
| Street Address                                     |   |                             | Street Address                      |                       |                           |
| City   | State                                   | Zip                         | City                                | State                 | Zip Si Gine               |
| 8. RESIDENT AGENT IN F                             | RHODE ISLAND                            |                             |                                     |                       | N 2245                    |
|  |   | e Office of the Secret      | ary of State. Changes require fili  | ng Form 642.          | 0 44                      |
|  |   |                             |                                     |                       | A OS                      |
|  |   |                             |                                     |                       |                           |
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|  | A                                       | H.                          |                                     |                       |                           |
|  | •                                       | -                           | Under penalty of perjur             | y, I declare and af   | firm that I have examined |
| File Date  |   |                             | this report, including a            | ny accompanying       | schedules and statements  |
| *******  | , |                             | and that all statements             | _                     | are true and correct.     |
| Check No   |   |                             | CK CK                               | Ø                     | <u> </u>                  |
|  |   |                             | Cianatura of Authorized I           | Porcon                | Date                      |

**Eric Grohsgal** 

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

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