RALPH MOILE St	ate of Rhode Island and Office of the Se			S Fee: \$50.00
Secretary of State	Division Of Bu 148 W. Ri Providence RI (401) 22	ver Street 02904-2615		
Limited Liability Comp Annual Report Filing Period: September 1 -				
	7-16-66(d), each limited liability n thirty (30) days after the time penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2013</u>			
1. ID No. <u>000516664</u>				
2. Exact Name of the Limited Liability Company Goodison, LLC				
3. State of Formation				
State: <u>RI</u>				
	e Character of the Business			in Rhode Island
5. Principal Office Addres	SS			
	<u>JRLINGHAM AVENUE</u> <u>H KINGSTOWN</u>	State: <u>RI</u>	Zip: <u>02852</u>	Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and	Name or Title o	of Contact Per	son:
	^{Fitle:} JRLINGHAM AVENUE H KINGSTOWN	State: <u>RI</u>	Zip: <u>02852</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Addre	
	First, Middle, Last, Suffix	Address	, City or Town, Sta	te, Zip Code, Country
	HODE ISLAND - DO NOT ALT 9 of Form 642 - R.I.G.L. 7-16-			
RICHARD J. LAND, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE, RI 02903				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 26 Day of September, 2013 at 3:47:47 PM 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>JACK GOODISON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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