

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.

5. Principal office address 780 Reservoir Ave, Suite 29 6. MAILING ADDRESS OF LIMITED I Contact Name Street Address 780 Reservoir Ave, Suite 29 7. LIST ALL MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT)	HER INVESTMENTS	City Cranston D NAME OR TITLE OF CONTACT Contact Title Records Managel City Cranston	State RI PERSON:	Zip 02910 Zip 02910		
6. MAILING ADDRESS OF LIMITED I Contact Name Street Address 780 Reservoir Ave, Suite 290 7. LIST ALL MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT)	ABILITY COMPANY AN	Cranston D NAME OR TITLE OF CONTACT Contact Title Records Managel City Cranston	RI PERSON: State RI	02910 Zip 02910		
Contact Name Street Address 780 Reservoir Ave, Suite 290 7. LIST ALL MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT)		Contact Title Records Manager City Cranston	State	02910		
7. LIST <u>ALL</u> MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT) [D ADDRESSES) OF TH	Cranston	RI	02910		
7. LIST ALL MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT) Manager Name	D ADDRESSES) OF TH	E LIMITED LIABILITY COMPANY,	IE ADDITIONEL SO	·		
Manager Name			IF APPLICABLE - <u>DU</u>	NOT LIST MEMBER		
	Manager Name		Manager Name			
Street Address		Street Address	Street Address			
City	Zip	City	State	Zip		
Manager Name		Manager Name	Manager Name			
Street Address		Street Address				
City State	Zip	City	State	Zip		
RESIDENT AGENT IN RHODE ISLA his information is currently of recor	<u></u>					

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	OCF 0 1 2013	Anthony n'Thong who Signature of Authorized Person	09/27/2013	
Ву:	() (Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	[0]	Anthony R. Thompson		

Print or Type Name of Authorized Person