

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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 RI 4. Brief description of the character of business conducted in Rhode Island Marketing 5. Principal office address 180 Mitchell's Lane Portsmouth RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Name Contact Title President Street Address 180 Mitchell's Lane 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMI ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip City State Zip City State Zip City State Zip	1. Entity ID No.	Exact name of the limited liability company CW Welch LLC						
RI 5. Principal office address 180 Mitchell's Lane Contact Name Contact Name President City Portsmouth President City Portsmouth City President City Portsmouth Ri City Portsmouth Ri Contact Title President City Portsmouth Ri City State Zip Manager Name Street Address City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip	000566861							
S. Principal office address 180 Mitchell's Lane City Portsmouth Manager Name Street Address City State Zip Manager Name	3. State of Formation	4. Brief description of the character of business conducted in Rhode Island						
6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name C William Welch Street Address 180 Mitchell's Lane City Portsmouth Portsmouth Ri	RI	Marketing						
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2 DESIDENT AGENT IN PHODE ISLAND	City	State	Zip	City	State	Zip		
O' UPOIDEM MARKATING AN ADDRESS OF A STATE OF THE STATE O	8. RESIDENT AGENT IN RH	DDE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is currently	y of record in th	e Office of the Seci	retary of State. Changes require f	iling Form 642.			

File Date	FILED	Under penalty of perjury, I declare and af this report, including any accompanying	schedules and statements,
Check No	OCF 0 1 2013	and that all statements contained herein	are true and correct.
Bv: RV	12686	Signature of Authorized Person	7/20//3 Date
FOR SECRETARY OF STATE USE ONLY	77.00	C W Welch	
FUR SECHETART OF STATE USE UNLI		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012