

## 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. 000742483	2. Exact na	ame of the limited lial		LDINGS, LLC)		
3. State of Formation	4. Brief des Real Es	scription of the chara tate	cter of business conducted in Rho	de Island		
5. Principal office address 41 Sharpe Drive			City Cranston	State Ri	Zip 02920	
6-MAIEINC ADDRI-SSSOF SIMITED SIABISTS COMPANY AND NA Contact Name Kenneth Pereira			Contact Title			
Street Address 41 Sharpe Drive			City Cranston	State RI	Zip 02920	
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Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City,	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
RESIDENT AGENT IN RHO			etary of State. Changes require	filling Form C40		
			our, or otate. Onlinges require	ming Form 642.		

**FILED** 

OCT 07 2013

By MMC) OR # 1510

Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

9/25/2013

Lenneth J. Pereiv

Print or Type Name of Authorized Person