

## 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. <b>790072</b>	2. Exact na <b>Mustanç</b>	ne of the limited liability J, LLC	company				
3. State of Formation	4. Brief des	cription of the character	of business conducted in Rho	de Island			
Rhode Island	1 -	to acquire, own, hold, improve, manage, operate and sell real property and any and a lawful business thereto					
. Principal office address 16 White Rock Road			City Coventry	State RI	Zip <b>02816</b>		
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:			
Contact Name Armand L. Ethier		Contact Title  Member					
Street Address  16 White Rock Road			City Coventry	State <b>RI</b>	Zip <b>02816</b>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE LIN	IITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name Armand L. Ethier			Manager Name				
Street Address 16 White Rock			Street Address	- A.T. (1410 A.V.)			
City Coventry	State RI	<sup>Zip</sup> 02816	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	HODE ISLAND						
B. RESIDENT AGENT IN R	HODE ISLAND						

**FILED** 

OCT 0 7 2013

By MNC Ch # 1428

	Under penalty of perjury, I declare and affirm that I have examin	ed		
File Date	this report, including any accompanying schedules and statement	ents,		
	and that all statements contained herein are true and correct.			
Check No	X Almand Z. Ethier 9-6	22-2013		
Ву:	Signature of Authorized Person Date			
FOR SECRETARY OF STATE USE ONLY	Armand L. Ethier, Member			
TOTAL OF STATE OSE ONE	Print or Type Name of Authorized Person			