



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.

1. Entity ID No. 161040		2. Exact name of the limited liability company Brainin-Advance Industries LLC			
3. State of Formation DELAWARE		4. Brief description of the character of business conducted in Rhode Island METAL FABRICATOR			
5. Principal office address 110 FRANK MOSSBERG DRIVE		City ATTLEBORO	State MA	Zip 02703	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THOMAS MURRAY		Contact Title TREASURER			
Street Address 110 FRANK MOSSBERG DRIVE		City ATTLEBORO	State MA	Zip 02703	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name NONE		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

2013 OCT 11 PM 3:53
 SECRETARY OF STATE
 CORPORATIONS DIV

FILED
OCT 11 2013
 By 49-208148
A.A.

File Date _____
 Check No _____
 By: _____

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 _____ Date _____
THOMAS MURRAY - TREASURER
 Print or Type Name of Authorized Person

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