

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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.

560 MINERAL SPRING AVENUE UNIT BF 100 PÁWTUCKET RI C 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JILL DAVIS Street Address Street Address Street Address (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT L ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip			сотрапу	e of the limited liabil S, LLC	J H BLOW	1. Entity ID No. 000572007	
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RESIDENT AGENT IN RHODE ISLAND	7				DE ISLAND	. RESIDENT AGENT IN RHO	
his information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.		ing Form 642.	ry of State. Changes require fili	Office of the Secre	of record in the	his information is currently	
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File Date

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Form No. 632 Revised: 01/2012

Under penalty of perjury, I declare and aff this report, including any accompanying and that all statements contained herein	schedules and	statements.
XXXX	10,	14/13
Signature of Authorized Person	,	Date
JILL DAVIS - MEMBER		
Print or Type Name of Authorized Person		