RALPH MOLL	State of Rhode Island and Office of the Sec			S Fee: \$50.00
Secretary of State	Division Of Bus 148 W. Riv Providence RI (401) 222	ver Street 02904-2615		
Limited Liability Con Annual Report Filing Period: September 1				
	. 7-16-66(d), each limited liability in thirty (30) days after the time µ penalty fee of \$25.00.			
ANNUAL REPORT YEAR	: <u>2013</u>			
1. ID No. <u>00069049</u>	<u>8</u>			
2. Exact Name of the L	mited Liability Company $\underline{\mathrm{Min}}$	dspray Initiati	ves, LLC	
3. State of Formation				
State: <u>RI</u>				
4. Brief Description of th Property Management	ne Character of the Business V	Vhich is Actua	ally Conducted	l in Rhode Island
5. Principal Office Addre	ess			
	<u>NORTH MAIN STREET</u> VIDENCE	State: <u>RI</u>	Zip: <u>02904</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and I	Name or Title	of Contact Pe	rson:
No. and Street: 1287	<u>O CRUZ</u> Contact Title: <u>OWNE</u> NORTH MAIN STREET /IDENCE	<u>R</u> State: <u>RI</u>	Zip: <u>02904</u>	Country: <u>USA</u>
7. Name and Address o DO NOT LIST MEMBE	f Each Manager of the Limited RS	Liability Con	npany, if Appli	cable.
Title	Individual Name		Addre	ess
	First, Middle, Last, Suffix	Addres	s, City or Town, Sta	ate, Zip Code, Country
	RHODE ISLAND - DO NOT ALT Ig of Form 642 - R.I.G.L. 7-16-1			
ANTONIO P. CRUZ 17	OLNEY AVENUE LINCOLN , I	<u>RI 02865</u>		
9. This report must be e	xecuted by an authorized pers	son pursuant	to R.I.G.L. 7-16	δ-66 (b).

Signed this 24 Day of October, 2013 at 12:53:48 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>ANTONIO P. CRUZ</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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