

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

2013

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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.

000792769	² Shapi Berry	Shapt Barry Pholicet Bulletility company				
3. State of Formation Rhode Island	4 Rio 6 886	Brief description of the character of business conducted in Rhode Island				
5 Principal office address 80 Maple St			City Coventry	State	02816	
L MAKENG ADDRESS OF LINITED LIABBLITY COMPANY AND MAN Contact Name Michael Solveto Spiciko			E OR TITLE OF CONTACT PERSON: Contact Title			
Street Address 80 Maple St				State RI	^{Zio} 02816	
7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACHI		SSES) OF THE LIM	ITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Michael D Spirito			Manager Name			
Street Address 80 Maple St			Street Address			
Coventry	State HI 02816	02816	City	State	Zlp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			1			
8. RESIDENT AGENT IN RK	IODE ISLAND		······································			

FILED

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BY 5123384454

File Date	this report, including any accompanying schedules and statements			
	and that all statements contained herein are true and correct.			
Check No	Avil A 11-4-1	3		
Bv:	Signature of Authorized Person	Date		
FOR SECRETARY OF STATE USE ONLY	Poul 2siciso			
LAU SCOUE INDI AL SINIE OSE ANTI	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012