

## 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.

4. Brief desc REAL ES	ription of the character	of business conducted in Rhod	o Island		
			c islanu		
5. Principal office address 351 THAMES STREET			State <b>RI</b>	Zip <b>02840</b>	
LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT P	ERSON:		
Contact Name GEORGE W. MOORE			Contact Title MANAGER		
Street Address 351 THAMES STREET			State <b>RI</b>	Zip <b>02840</b>	
(NAMES AND ADD IMENT) [	RESSES) OF THE LIM	IITED LIABILITY COMPANY, II	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name GEORGE W. MOORE			Manager Name PETER M. BORDEN		
Street Address 351 THAMES STREET			Street Address 351 THAMES STREET		
State <b>RI</b>	Zip <b>02840</b>	City NEWPORT	State <b>RI</b>	Zip <b>02840</b>	
Manager Name			Manager Name		
Street Address			Street Address		
State	Zip	City	State	Zip	
HODE ISLAND					
itly of record in the	Office of the Secreta	rry of State. Changes require t	filing Form 642.		
		1232		STO STORY OF	
TATE LISE ONLY		this report, including and that all statemen Signature of Authorized	any accompanying ts contained herein a UNITY OF THE d Person	schedules and statement are true and correct.	
	E  (NAMES AND ADD) MENT)  E  T  State  RI  State  HODE ISLAND  Itly of record in the	E ET (NAMES AND ADDRESSES) OF THE LIN MENT)  E ET State RI  State Zip 02840   HODE ISLAND  Ty  NOV 2 7 2013  Y  2 2 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Contact Title MANAGER  City NEWPORT  (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, II  MENT)  E  Manager Name PETER M. BORDE  Street Address 351 THAMES STR  City NEWPORT  Manager Name Street Address  Street Address  Street Address  Street Address  Street Address  FILED  NOV 2 7 2013  V  Under penalty of perithis report, including and that all statemen  Signature of Authorizer  GEORGE W. MO	E MANAGER  City NEWPORT State  (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DOMENT)  E PETER M. BORDEN  Street Address 351 THAMES STREET  State Zip City State  Manager Name  Street Address  Street Address  Street Address  Street Address  Street Address  FILED  NOV 2 7 2013  This report, including any accompanying and that all statements contained herein a signature of Authorized Person  GEORGE W. MOORE, MANAGER	

Form No. 632 Revised: 01/2012