

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

2012

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.

| 579702 | ² zlītgön; | ne of the limited liab | ility company | | |
|--|--|------------------------|--|--------------------|--------------------------------|
| 3. State of Formation | 1 Moibile Acieser vittig Pratform and Perateur Studin Brode Island | | | | |
| 5 Principal office address 20 Promenade Avenue | | | Çity Warw ick | State | Zip 02886 |
| | | Y COMPANY AND | NAME OF THE OF CONTACT | PERSON: | |
| Contact Name Reginald V. Williams, III | | | Contact Title Member | | |
| Street Address 203 Promenade Avenue | | | Warwick | State RI | ^{Zio} 02886 |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC | (NAMES AND ADI | PRESSES) OF THE | LIMITED LIABILITY COMPANY, | IF APPLICABLE - DO | NOT LIST MEMBERS |
| Manager Name | | | Manager Name ➤ ✓ | | |
| Manager Name | | | Manager Name | | 22 |
| | | | Manager Name Street Address | | |
| Street Address | State | Zip | | State | Zip Day |
| Street Address City | State | Zip | Street Address | State | ZIP OR A THE |
| Manager Name Street Address City Manager Name Street Address | State | Zip | Street Address City | State | JAN DRAFTO |
| Street Address City Manager Name | State | Zip Zip | Street Address City Manager Name | State | JAN 13 AMII |
| Street Address City Manager Name Street Address | State | | Street Address City Manager Name Street Address | | JAN 13 AMII: 3 |

FILED

JAN 13 2014 BY 9-214595 A.A. II. 33 A.M.

| File Date | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, |
|---------------------------------|---|
| Check No | and that all atatements conferned herein are true and correct. |
| By: | Signature of Authorized Person Date |
| FOR SECRETARY OF STATE USE ONLY | Reginald V. Williams, III |

Print or Type Name of Authorized Person