

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

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.

1. Entity ID No. 000464548	FORSON	ne of the limited liab	ility company			
3. State of Formation RHODE ISLAND	4. Brief des	cription of the charac STATE HOLDIN	cter of business conducted in Rhodo G	e Island		
5. Principal office address 225 HOPKINS HILL ROAD			City COVENTRY	State RHODE ISLA	Zip 02816	
MAILING ADDRESS OF LIN	ITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name DANIEL FERRARA			Contact Title MEMBER			
Street Address 225 HOPKINS HILL ROAD			City	State RHODE ISLA	Zip 02816	
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO NOT	LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	I	2 26	
Street Address			Street Address			
City	State	Zip	City	State	Zip ω \geq	
3. RESIDENT AGENT IN RHOI	DEISLAND				2 2	
his information is currently	of record in the		etary of State. Changes require f	iling Form 642.	34	
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File Date				any accompanying sched	lules and statement le and correct.	
Check No			this report, including and that all statement	any accompanying sched s contained herein are tru	lules and statement le and correct.	
			this report, including	any accompanying sched is contained herein are tru Person	lules and statement le and correct.	

Revised: 01/2012