

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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.

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3. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island						
5 Principal office address 532 Kinsley Avenue, Unit 302			City Providence	State	02909		
G MAINING ADDRESS DE BMRTED SABIETE RYSMPAN (ANDRYAN Contact Name Joel Taplin			Contact Title Member	Service and the service and th			
Street Address 532 Kinsley Avenue, Unit 302			City Providence	State RI	^{Zip} 02909		
7 ISDA <u>DJE</u> MANAGERS - (PXC BOX JORG TAGA		HESSES) OF THE	EMPTED CABILTY COMPANY I	-APPLICABLE: <u>DO</u>	NOTE STANDARDS	RS:	
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	A produce to the contract of the state of th	Office of the Sec	retary of State. Changes require	filing Form 642.		K E	
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Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all property contained herein are true and correct.

Signature of Authorized Person

Joel Taplin

Print or Type Name of Authorized Person