

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

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2008

## 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.

FI  5. Principal office address 1165 Fith Avenue  6. MAILING ADDRESS OF LIMITED Contact Name John H. Allen  Street Address 1165 Fith Avenue  7. LIST ALL MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT)	Bial' <del>Esa</del> t	igtion of the characte	r of business conducted in Rho	de Island					
Street Address 1165 Fith Avenue 7. LIST <u>ALL</u> MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT)			1 Brief description of the character of business conducted in Rhode Island						
Contact Name John H. Allen  Street Address 1165 Fith Avenue  7. LIST ALL MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT)	5. Principal office address 1165 Fith Avenue			State	Zin 10029				
	LIABILITY	COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:					
7. LIST <u>ALL</u> MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT)	Contact Name John H. Allen			Contact Title					
("X" BOX FOR ATTACHMENT)	Treet Address 1165 Fith Avenue			State	<sup>Z</sup> 10029				
· -		RESSES) OF THE LII	MITED LIABILITY COMPANY,	F APPLICABLE - DO	NOT LIST	MEM	BERS		
Manager Name John H. Allen			Manager Name						
Street Address 1165 Fifth Avenue			Street Address						
New York N	<b>Y</b>	Zin 10029	City	State	Zip				
Manager Name Armin B. Allen			Manager Name				- G		
Street Address 50 EAst 72nd Street #2D			The state of the s						
City Sta	nte NY	Zip 10021	City	State	Zip	=			
8. RESIDENT AGENT IN RHODE ISI	LAND	•		· · · · · · · · · · · · · · · · · · ·		7.79	9.0		
This information is currently of rec	ord in the	Office of the Secret	ary of State. Changes require	filing Form 642.			Ú)		
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FILED

MAR 1 4 2014

A.A.10:41 A.M.

File Date \_\_\_\_\_\_\_ Under penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Check No \_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_ Signature of Authorized Person \_\_\_\_\_\_\_ Date

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Person