| State of Rhode Island and Providence Plantations Fee: \$50.0 Office of the Secretary of State | | | |
|---|-------------------------------|-----------------------------|----------------------------|
| Division Of Business Services | | | |
| 148 W. River Street | | | |
| Providence RI 02904-2615 | | | |
| (401) 222-3040 | | | |
| Limited Liability Company Annual Report | | | |
| Filing Period: September 1 - November 1 | | | |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: 2013 | | | |
| 1. ID No. <u>000518809</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>Aztec Office, LLC</u> | | | |
| 3. State of Formation | | | |
| State: CT | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| | | | |
| Sales, service and leasing of office equipment. | | | |
| 5. Principal Office Address | | | |
| No. and Street: <u>35 PHILMACK DRIVE</u> | | | |
| City or Town: <u>MID</u> | DDLETOWN State: | <u>CT</u> Zip: <u>06457</u> | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name: MCKENZIE LUCIANO Contact Title: ACCOUNTANT | | | |
| | HILMACK DRIVE | | |
| City or Town: <u>MIDI</u> | <u>DLETOWN</u> State: <u></u> | <u>CT</u> Zip: <u>06457</u> | Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Add | ress |
| | First, Middle, Last, Suffix | | State, Zip Code, Country |
| MANAGER | GERALD P. CREAN III | 35 PHIL MIDDLETOWN, | MACK DRIVE CT 06457 USA |
| | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| | | | |
| CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI | | | |
| <u>02888</u> | | | |

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of March, 2014 at 2:34:28 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By GERRY CREAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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