

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 OF

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.

3. State of Formation 4. Brief description of the character of business conducted Rhode Island Beal State Professing Holding 5. Principal office address 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Name City City City State City City State City City State City Manager Name Manager Name Manager Name Street Address				- · · · · · · · · · · · · · · · · · · ·				
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Contact Name Street Address City Prov. dence Tip O2509 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address Tip O2509 APPRICALL O2509 STREET O2509 STREET O2509 City State Zip O2509 City City City State Zip O2509 City Cit	981 ISrs	sá s	3.	of ou Leuc	e RSS	12ip 2'	30 S	
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## Company of the co	Contact Name JUAN J. MeNez			Contact Title	Contact Title,			
Manager Name Manager Name	Street Address 65 KN Fed 57				ce State	Zip O o	290.9	
Street Address Street Address Street Address City State Zip PR Pr R ARV Street Address	7. LIST ALL MANAGERS (NAI ("X" BOX FOR ATTACHMEN	MEŞ AND ADDI IT) 🔲	RESSES) OF THE LIMI	ITED LIABILITY COMPANY, IF	APPLICABLE - DO NO	OT LIST MEI	MBERS	
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City State Zip City State Zip State Zip State State Zip State Zip State Zip State St	Manager Name			Manager Name	Manager Name ω			
8. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address	# # pack			
The state of the s	City	State	Zip	City	State	, 	V A	
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	8. RESIDENT AGENT IN RHOD	E ISLAND						
	This information is currently of	f record in the	Office of the Secretar	y of State. Changes require f	iling Form 642.	.,,,		

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File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

7 - 8 - 7

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012