

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR THE

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. | 2. Exact na | 2. Exact name of the limited liability company | | | | | | |
|---|------------------------|--|-------------------------------|----------------------------------|------------|-------------------------------|--|--|
| 683003 | $^{\circ}$ $=$ $=$ $=$ | Menez | Holdons | COMPAR | 4 4 | LC | | |
| 3. State of Formation | 4. Brief des | cription of the characte | er of business conducted And | ode Island | 7 | | | |
| ZI | Be | 4/5TATE | e ProfesiTi | Holdi. | NS1 | | | |
| 5. Principal office address | <u>L'ea</u> | 5 | لد هک درد ۱۷ | ce State | Zip O2 | 9 05 | | |
| 6. MAILING ADDRESS OF LI | MITED LIABILI | TY COMPANY AND N | | PERSON: | | | | |
| Contact Name JUAN J. MENEZ | | | Contact Title | Contact Title | | | | |
| Street Address 65 KN FE4 S (| | | City Pre do. | via State | Zip O S | 7 90 5 | | |
| 7. LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHME | AMES AND ADI | DRESSES) OF THE LI | MITED LIABILITY COMPANY, | IF APPLICABLE - <u>DO N</u> | OT LIST ME | MBERS | | |
| Manager Name | | | Manager Name | | | | | |
| Street Address | | | Street Address | | 2014 | 000 038 | | |
| City | State | Zip | City | State | Zip 😤 | 2000 2000 | | |
| Manager Name | | | Manager Name | Manager Name & \(\frac{1}{2} \) | | | | |
| Street Address | | | Street Address | Street Address | | | | |
| City | State | Zip | City | State | Zip | V Z | | |
| 8. RESIDENT AGENT IN RHO | DE ISLAND | | | | | | | |
| This information is currently | | e Office of the Secret | ary of State. Changes require | e filina Form 642. | <u></u> | <u>armini mami iz Guran</u> o | | |
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APR 08 2014

A.A.

| 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 | Signature of Otherizad Borran | 4-8-14 | | |
| By: FOR SECRETARY OF STATE USE ONLY | JUAN B J. MENEZ | Date | | |
| | Print or Type Name of Authorized Person | | | |

Form No. 632 Revised: 01/2012