

## 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 2014

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.

| 5. Principal office address  42 In-au Durinc W  Contact Name  Marra Path   |                        | pility company                      | <u> </u> |               |  |
|--|------------------------|-------------------------------------|----------|---------------|--|
| 5. Principal office address  42 In- an Amura W  Contact Name  Wasta - Path | JPRE, LL               | -                                   |          |               |  |
| 5. Principal office address  42 In-au Durine  Contact Name  Many In Patro  | cription of the chara- | cter of business conducted in Rhode | Island   |               |  |
| Contact Name  Mary a Patro   |                        | Investing                           |          |               |  |
| Contact Name  Nant Path  | <u> </u>               | City                                | State    | Zip           |  |
| Marta Potta  | 45 In-on Moure A       |                                     | 152      | US 25 23      |  |
| Street Address   | <u></u> _              |                                     |          |               |  |
| Street Address   |                        | Contact Title Merbo                 |          |               |  |
| <u>,                                    </u>                               |                        | City Crandon                        | State    | Zip<br>02,470 |  |
|  |                        |                                     |          |               |  |
| Manager Name Street Address  |                        | Manager Name                        |          |               |  |
|  |                        |                                     |          | <b></b>       |  |
|  |                        | Street Address                      |          |               |  |
| City State   | Zip                    | City                                | State    | Zip Z         |  |
| Manager Name   |                        | Manager Name                        |          |               |  |
| Street Address   |                        | Street Address                      |          | PH 3:         |  |
| City State   |                        | City                                | State    |               |  |
|  | Zip                    | 1,                                  | State    | Zip N         |  |
| This information is currently of record in the                             | Zip                    |                                     | State    | ZIP N ITT     |  |

**FILED** 

JUN 0 2 2014

By 225415

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 an statements contained herein are true and correct.

Signature of Authorized Person

<u>5-30</u>

Print or Type Name of Authorized Person