

## 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

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

| 1. Entity ID No.                                | 2 Evaet name   | of the limited liability of  | DECEMBER I WILL RESULT II  |              |                         |  |
|---|--|--|--|--------------|-------------------------|--|
| _   |  | 2. Exact name of the limited liability company   |  |              |                         |  |
| 116539  | HB E   | AB Enterprises, LLC  4. Brief description of the character of business conducted in Rhode Island |  |              |                         |  |
| 3. State of Formation                           |  | . 11   |  |              |                         |  |
| <u> Pr</u>                                      | 1 Kear   | ety Holding  |  | +            |                         |  |
| 5. Principal office address<br>670 <i>Broad</i> | d STree  | 1 3  | Central Falls  | State        | Zip<br>02863-23/2       |  |
|   | TOTAL SECTION AND AND AND AND AND AND AND AND AND AN | tan berkan di panggan<br>Operation   |  |              |                         |  |
| Contact Name Antonio (4                         | araias   |  | Contact Title Manager  |              |                         |  |
| Street Address 670 Broad Street                 |  |  | Central Fails  | State        | Zip<br>02863-23/2       |  |
| Y IO TIVO                                       |  |  | Cana fair  |              | 0409-2714               |  |
| Manager Name,                                   |  |  | Manager Name   | Manager Name |                         |  |
| Antonio Barajas                                 |  |  |  |              |                         |  |
| Street Address 70 Broad Strut                   |  |  | Street Address   |              |                         |  |
| Central Falls                                   | State  | Zip ///0/ 2.12/1   | City   | State        | Zip                     |  |
| State Zip 02863-23/2 Manager Name               |  |  | Manager Name   |              |                         |  |
| treet Address                                   |  |  | Street Address   |              |                         |  |
|   |  |  |  |              |                         |  |
| City  | State  | Zip  | City   | State        | Zip                     |  |
|   |  |  |  | 100          |                         |  |
| his information is currently o                  | f record in the C                                    | Office of the Secretary  | of State. Changes require filing F   | orm 642.     |                         |  |
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|   |  |  | Under penalty of perjury, I d<br>this report, including any ac<br>and that all statements cont | companying s | chedules and statements |  |
|   |  |  |  | _>_          | B.I.                    |  |
|   |  |  | Signature of Authorized Perso  |              | Date<br>+ AP            |  |
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Form No. 632 Revised: 01/2012