

## 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 2012

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 nam     | 2. Exact name of the limited liability company |                  |  |                 |                  |     |  |  |  |  |
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| 000 560 132  | Com              | pass   | Propen           | Thvestw<br>siness conducted in Rhode Islan | vents L         | LC               |     |  |  |  |  |
| 3. State of Formation  | 4. Brief desc    | ription of the o                               | character of bus | siness conducted in Rhode Islat            | nd              |                  |     |  |  |  |  |
| RI   | R                | ENTE   | 2L (-            | Properties                                 |                 |                  |     |  |  |  |  |
| P.O BOX BU44   |                  |  | Cumber land      | State<br>P_C                               | Zip 0286        | 4                |     |  |  |  |  |
| 6. MÁILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: |                  |  |                  |  |                 |                  |     |  |  |  |  |
| Contact Name<br>Michael J  | Healey           | Esa  |                  | Contact Title  RESIDENT                    | AGENT           |                  |     |  |  |  |  |
| Street Address  14 Break necle   | '                | 1  |                  | City<br>Lincoln                            | State V2.T      | 02865            | -   |  |  |  |  |
| 7. LIST ALL MANAGERS (NA<br>("X" BOX FOR ATTACHME                                    | MES AND ADD      | RESSES) OF                                     | THELIMITED       | LIABILITY COMPANY, IF APP                  | LICABLE - DO NO | LIST MEMBE       | RS. |  |  |  |  |
| Manager Name   |                  |  | Manager Name     |  |                 |                  |     |  |  |  |  |
| Street Address   |                  |  |                  | Street Address                             |                 |                  |     |  |  |  |  |
| City   | State            | Zip  |                  | City                                       | State           | Zip              |     |  |  |  |  |
| Manager Name   |                  |  |                  | Manager Name                               |                 | 1 =              |     |  |  |  |  |
| Street Address   |                  |  |                  | Street Address                             |                 |                  |     |  |  |  |  |
| City   | State            | Zip  |                  | City                                       | State           | Zip 5            |     |  |  |  |  |
| 8; RESIDENT AGENT IN RHOL  |                  |  |                  |  |                 | 2                |     |  |  |  |  |
| This information is currently of   | of record in the | Office of the                                  | Secretary of     | State, Changes require filing              | Form 642.       | — <del>U</del> I |     |  |  |  |  |
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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 all statements contained herein are true and correct.

Signature of Authorized Person Da

Coelas Nonez.

Print or Type Name of Authorized Person