

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. 1. Entity ID No. 2. Exact name of the limited liability company 121850 COELHO MANAGEMENT COMPANY, LLC 3. State of Formation 4. Brief description of the character of business conducted in Rhode Island Rhode Island to manage and be the general partner of The CMC Family Limited Partnership. 5. Principal office address State RI City 50 Berry Lane Bristol 02809-0000 tes or Lights W E ON THILE OF COMMOT PERSON Contact Name Charles Coelho Contact Title Manager Street Address 50 Berry Lane State RI Bristol 02809-0000 7. LIST ALL MAMAGERS (MAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEE ("IT BOX FOR ATTACHMENT) Manager Name Charles Coelho Manager Name Jonathan C. Coelho Street Address 120 Hopeworth Avenue Street Address 50 Berry Lane City Bristol Zip 02809 City Bristol State StateRI 02809 Manager Name Manager Name Street Address Street Address City State Zip City State Zip 8. RESIDENT AGENT IN PHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED

AUG 2 5 2014

BY 1839

| 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. | |
|---------------------------------|--|------------|
| | Mullalla. | 09/01/2014 |
| Ву: | Signature of Authorized Person | Date |
| FOR SECRETARY OF STATE USE ONLY | Charles Coelho | |
| | Print or Type Name of Authorized Person | |

Manager

Form No. 632 Revised: 01/2012