

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

1. Entity ID No.	2 Evertines	me of the limited liab	ility company		ENALTY FEE.	
T. Entity ID 140.			• • •			
799439	S	2 P	12201 LLC			
3. State of Formation	4. Brief des	cription of the charac	ter of business conducted in Rhod	e Island		
AM		fored.			Č	
5. Principal office address	1		City	State	Zip	
379 SMITHFIELD AVE			PAWTUCICET	ي ا	02860	
6. MÁILING ADDRESS OF 1	IMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON AND AND AND	Contract Contract	
Contact Name			Contact Title			
SAMIR THAKKAR			MANAGER	MANAGER		
Street Address			City	State	Zip	
43 Scott St 1			ATTLEBORO	MA	02703	
7; LIST ALL MANAGERS (N	NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	APPLICABLES DO	NOT LIST MEMBER	
= (-X-BUX FUH AFIACHIV						
Manager Name			Manager Name	•		
Street Address			Street Address	Street Address		
City	State	Zip	City	104-4-	——————————————————————————————————————	
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Manager Name			Manager Name	Manager Name		
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Street Address	,					
		Zip	City	State	Zip	
	State	'			ì	
City	ODE ISLAND		etary of State. Changes require t			

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FORSECRETARY OF STATE-USE ONLY

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

\$7<u>76/79</u> Date

SAMIR THINKAR Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012