

1. Entity ID No.

121597 3. State of Formation

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 2014

2. Exact name of the limited liability company

| CERTIFIED TEACHING GOIF PARTESSIONAL ILL

| CHARD M. TRUONE CERTIFIED TEACHING GOIF PARTESSIONAL ILL

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.

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. State of Formation	4. Brief description	n of the character of bu	siness conducted in Rhode I	sland TING	AND
PT	60LF	IN STRUC.	1100 600	<i>F//////</i>	
$\mathcal{R}_{i}\mathcal{I}$	RELX	TEO GOL	-F ACTIVITE	S	
			CITY CRANS TON	State	Zip
5. Principal office address 66 LINCOLN PARK AVE			CRANSTON	RI	02920-16/8
MAILING ADDRESS OF LIMITE	D LIABILITY CO	MPANY AND NAME O	OR TITLE OF CONTACT PE	RSON:	
Contact Name RICHARD M TAVORE			Contact Title OWNER MANAGER		
Street Address 66 LINCOLN PORKATE			CITY	State	Zip 2420-16/8
LIST ALL MANAGERS (NAMES ("X" BOX FOR ATTACHMENT)	S AND ADDRESS	SES) OF THE LIMITED	LIABILITY COMPANY, IF A	PPLICABLE - DO	NOT LIST MEMBERS
			Manager Name		
Street Address 66 Lincoln Plank Die			Street Address		
CRANTETON S		Zip 02420-12/8	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
ity	State	Zip	City	State	Zip
RESIDENT AGENT IN RHODE I	ICI AND		<u> </u>	1	
nis information is currently of re		ne of the Secretary of	State Changes require fili	na Form 642.	
		FILF	ED		
File Date		BY	Under penalty of perjur this report, including a and that all statements	ny accompanying contained herein	firm that I have examined schedules and statement are true and correct. S 26-//Date
FOR SECRETARY OF STATE US				/ × - C-	

Form No. 632 Revised: 01/2012