

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

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. 152918 | 2. Exact nar Don Bou | 2. Exact name of the limited liability company Don Bousquet and Son Aerial Photography, LLC | | | | |
|---|---|--|---|--------------------------|--|--|
| 3. State of Formation | Brief description of the character of business conducted in Rhode Island Aerial photography | | | | | |
| 5. Principal office address 183 Preservation Way | | | City Wakefield | State RI | Zip 02879 | |
| 6. MAILING ADDRESS OF | LIMITED LIABILIT | Y COMPANY AND | NAME OR TITLE OF CONTACT | PERSON: | | |
| Contact Name Don Bousquet | | | Contact Title Partner | | | |
| Street Address 183 Preservation Way | | | City Wakefield | State RI | Zip 02879 | |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | | RESSES) OF THE | LIMITED LIABILITY COMPANY, I | F APPLICABLE - <u>DO</u> | NOT LIST MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 3. RESIDENT AGENT IN R | HODE ISLAND | | | | I | |
| his information is curren | tly of record in the | Office of the Secr | etary of State. Changes require | filing Form 642. | | |
| FIL | 9 2014 | | | | | |
| By C | | | | any accompanying | firm that I have examined schedules and statements are true and correct. | |
| Check No | <u>.</u> | | (Ch h | | 08/28/2014 | |
| Ву: | | | Signature of Authorize | d Person | Date | |
| FOR SECRETARY OF ST | TATE USE ONLY | | Print or Type Name of Authorized Person | | | |

Form No. 632 Revised: 01/2012