

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.

3. State of Formation	4. Brief desc	ription of the charac	ter of business conducted in Rho	ode Island		
Rhode Island	legal ser	vices				
5. Principal office address 111 Airport Road, Suite 1			City Warwick	State RI	Zip 02889	
6. MAILING ADDRESS	OF LIMITED LIABILIT	Y COMPANY AND	NAME OF TITLE OF CONTACT	PERSON:		
Contact Name Michael K. Robin	son		Contact Title Member			
Street Address 111 Airport Road, Suite 1			City Warwick	State RI	Zip 02889	
7. LIST <u>ALL</u> MANAGE ("X" BOX FOR ATTA		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name None			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
lanager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT II	N RHODE ISLAND					
This information is cur	rrently of record in the	Office of the Secr	etary of State. Changes require	e filing Form 642.		
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File Date		•	this report, including		irm that I have examined schedules and statements are true and correct.	
Check No				>	91	
By:			Signature of Authoriz	Signature of Authorized Person Date		
		•	Michael K. Rob	inson		

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

FOR SECRETARY OF STATE USE ONLY VISTAL USE UNLT