

1. Entity ID No.

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.

2. Exact name of the limited liability company

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

5. Principal office address			City	State	Zip
15 ALASKA ST.			COMBERLAND	<i>KI</i>	02864
	OF LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:	
Contact Name PUNETTE BIRMAN			Contact Title PRES, OWNER		
Street Address 15 ALASKA ST.			City CUMBERLAND	State R/	2ip
7. LIST <u>ALL</u> MANAGER "X" BOX FOR ATTA	IS (NAMES AND ADD CHMENT) ☐	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF AR	PLICABLE - DO I	NOT LIST MEMBER
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
	RHODE ISLAND				
3. RESIDENT AGENT IN			etary of State. Changes require filing		Control of the contro

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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.

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(1mm) 9/10

Print or Type Name of Authorized Person