

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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. 314332		me of the limited lial ensulting, LLC	oility company			
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Management				
5. Principal office address 125 Martingale Drive			City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF Contact Name Robert Anastasi	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT Contact Title Member	PERSON:		
Street Address 125 Martingale Drive			City Warwick	State RI	Zip 02886	
	(NAMES AND AD	DRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	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	
3. RESIDENT AGENT IN R						
This information is currer	tly of record in th	e Uffice of the Seci	retary of State. Changes require	ming Porm 642.		

FILED				
SEP 1 8 2014				
my 9251	-			
File Date	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.			
Check No	Salut & Augustaur 9/15/14			
Ву:	Signature of Authorized Person Date ROBERT E. HNASTASI			
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012