

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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	1				
	4. Brief desc	cription of the charac	ter of business conducted in Rho	ode Island	
RI					
5. Principal office address 6 Wilbur Rd			City Lincoln	State RI	Zip 02865
	IITED LIABILIT	TY COMPANY AND I	NAME OR TITLE OF CONTACT	PERSON:	······································
Contact Name Jane Arsenault			Contact Title Principal		
Street Address 6 Wilbur Rd			City Lincoln	State RI	Zip 02865
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHMEI	MES AND ADD	PRESSES) OF THE I	IMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS
anager Name			Manager Name		
Street Address			Street Address		
Dity	State	Zìp	City	State	Zìp
Manager Name			Manager Name		
Street Address			Street Address		
ity	State	Zip	City	State	Zip
. RESIDENT AGENT IN RHOL	DE ISLAND				
······································		e Office of the Secre	etary of State. Changes require	e filing Form 642,	

File Date_ Check No ____

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.

Signature of Authorized Person

Arsenai lane Print or Type Name of Authorized Person