

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

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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.

Contact Name Contact Title Cothes City State Zip 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name 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 Street Address Street Address City State Zip City State Zip B. RESIDENT AGENT IN RHODE ISLAND	1. Entity ID No.	2. Exact nai	me of the limited liab	oility company						
3. State of Formation REAL RESTATE 5. Principal office address 1.5 NARTIN St. City Contact Name Contact Name Contact Name FANK JASING Street Address City State Ci	796850	(5 MAGIN	St. REALTY LI	_ c					
5. Principal office address 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Contact Title	3. State of Formation					٠				
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City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name						
8. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address						
	City	State	Zip	City	State	Zip				
This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	8. RESIDENT AGENT	IN RHODE ISLAND								
	This Information is cu	irrently of record in the	Office of the Sec	retary of State. Changes requ	ire filing Form 642.					
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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

Date

Print or Type Name of Authorized Person