

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 2014

Filling 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. 793926	2. Exact na The Har	me of the limited lia Idyman Can, Ll	bility company LC	-	
3. State of Formation			cter of business conducted in Rhode	e Island	
Rhode Island	General	household rep	airs		
5. Principal office address	<u> </u>		City	State	Zip
14 Murphy Drive			Cumberland	RI	Zip 02864
6. HEHLENG AUTORESS OF	LIBITED LIABILI	Tir COMBANTANE	NAME OF RECEDE CON ACC.	ERICON:	s a distribution sections
Contact Name Michael D. Maguire		Contact Title Member			
Street Address 14 Murphy Drive			City Cumberland	State RI	Zip 02864
7/ Estal (Uanagets) 	NAMESIANDADI VENTO		LIMITED LIABILITY COMPANY/F		
Manager Name		<u> 1</u> 90 militaria	Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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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

Print or Type Name of Authorized Person