

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.

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

Rhode Island 5. Principal office address 200 Blueberry Lane 6. MAILING ADDRESS OF LIMITED LIAE Contact Name Christopher Brown Street Address 35 Erica Court 7. LIST ALL MANAGERS (NAMES AND A ("X" BOX FOR ATTACHMENT)	ILITY COMPANY AND	City West Kingston NAME OR TITLE OF CONTACT PE Contact Title Member City West Kingston	State RI RSON: State RI	Zip 02892 Zip 02892
200 Blueberry Lane 5. MAILING ADDRESS OF LIMITED LIAE Contact Name Christopher Brown Street Address 35 Erica Court 7. LIST ALL MANAGERS (NAMES AND A ("X" BOX FOR ATTACHMENT)		NAME OR TITLE OF CONTACT PE Contact Title Member City West Kingston	RI RSON: State RI	02892
Contact Name Christopher Brown Street Address 35 Erica Court C. LIST ALL MANAGERS (NAMES AND A ("X" BOX FOR ATTACHMENT)		Contact Title Member City West Kingston	State RI	Zip 02802
Christopher Brown Street Address 35 Erica Court LIST ALL MANAGERS (NAMES AND A ("X" BOX FOR ATTACHMENT)		Contact Title Member City West Kingston	State RI	Zip 02802
35 Erica Court LIST ALL MANAGERS (NAMES AND A ("X" BOX FOR ATTACHMENT)	ADDRESSES) OF THE	West Kingston	RI	Zip 02892
Manager Name	ADDRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A		V&OJZ
Manager Name			APPLICABLE - DO	NOT LIST MEMB
treat Address		Manager Name		
neer waard 422		Street Address		
ity State	Zip	City	State	Zip
anager Name		Manager Name		
treet Address		Street Address		
State State	Zip	City	State	Zip
RESIDENT AGENT IN RHODE ISLAND				
his information is currently of record in	the Office of the Secr	etary of State. Changes require filir	ng Form 642.	

FILED

OCT 0 & 2014 5604

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	Christopher Brown 10/4/14		
Ву:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Christopher Brown		
	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012