

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.

Entity ID No. 2. Exact name of the limited liability_company								
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3. State of Fort atio	n 4. Brief des	scription of the char	acter of business conducted in I	of business conducted in Rhode Island				
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6. MAILING ADDRE	ESS OF LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTA	CIPEDENN		8 % /		
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7. LIST ALL MANA	GERS (NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPAN	Y IF ADDITION DIE - BO		30/		
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RESIDENT AGENT	T IN RHODE ISLAND	Line September 1982				00		
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		onice of the Seci	retary of State. Changes requ	re filing Form 642.				
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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

10-21-14

Form No. 632 Revised: 01/2012