

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.

1. Entity ID No.		me of the limited lial		10.74-4	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>										
101627		5555ia(55, EE5													
3. State of Formation	4. Brief des	cription of the chara	cter of business conducted in Rho	ode Island											
Rhode Island			e, develop, lease and manage real property												
5. Principal office address 190 Commerce Dr			City Warwick	State RI	Zip 02886										
6. MAILING ADDRESS C	OF LIMITED LIABIL!	TY COMPANY AND	NAME OF TITLE OF CONTACT	PERSON:											
Contact Name Donald Rodrigues			Contact Title Member												
Street Address 190 Commerce Dri	ive		City Warwick												
7. LIST ALL MANAGERS (EXEBOX FOR ALTAC	S (NAMES AND ADI HMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY,	FAPPLICABLE: DO	NOTESTENENBERS										
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B. RESIDENT AGENT IN	RHODE ISLAND														
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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 MFMOX Date

Christine B. Rodrigues, Member

Print or Type Name of Authorized Person