

## 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

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. 568492	2. Exact na LIMERO	me of the limited lia	bility company LC	<del> </del>	, , 1817		
3. State of Formation RHODE ISLAND	DEALE	cription of the chara	cter of business conducted in RI L	hode Island			
5. Principal office addr 48 HARRIS AVE	ess NUE	, <u></u>	City <b>LINCOLN</b>	State RI	Zip <b>02865</b>		
6. MAILING ADDRES	S OF LIMITED LIABILI	TY COMPANY AND	NAME OF TITLE OF CONTAC	T PERSON:			
Contact Name MARIO J. FARIA			Contact Title MEMBER	Contact Title			
Street Address 48 HARRIS AVENUE			City LINCOLN	State <b>RI</b>	Zip <b>02865</b>		
7. LIST <u>all</u> manage ("X" box for att	ERS (NAMES AND ADI ACHMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY	Y, IF APPLICABLE - <u>Do</u>			
Manager Name			Manager Name				
Street Address	780	<u> </u>	Street Address				
City	State	Zip	City	State	Zip		
Manager Name	.		Manager Name				
Street Address		<del>, ,</del>	Street Address				
City	State	Zip	City	State	Zip		
RESIDENT AGENT							
his information is cu	rrently of record in the	Office of the Seci	etary of State. Changes requir	re 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

MARIO J. FARIÁ

Print or Type Name of Authorized Person