

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 20/4

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.	2. Exact name of	the limited liability com	pany				
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3. State of Formation	4. Brief description	on of the character of bu	usiness conducted in Rhode Island	1			
R.I.		MODELE		-			
5. Principal office address 29 4 R1 V E P	RD.		City LTNCULN	State	Zip		_
6. MAILING ADDRESS OF LIMIT	ED LIABILITY CO	MPANY AND NAME (PTILLE OF CONTACT PERSON		کے زے ا	8 ES	
100 Haci Name			Contact Title		A 2 5 10 1	d Short	CE. 15
MAURICE R. PAQUET			City State Zip LINCOLN R.Z. 02865				
294 RIVER RD.			City	State	Zip	0/ -	\exists
7. LIST ALL MANAGERS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADDRES	SES) OF THE LIMITED	LIABILITY COMPANY, IF APPL	ICABLE - DO NO	TLIST MI	EMBERS	
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip	22	
Manager Name			Manager Name		<u> </u>	2014 OCT	
Street Address			Street Address)	
City	State	<i>Z</i> ip	City	State	Zip	AH R	<u> </u>
8. RESIDENT AGENT IN RHODE I	SLAND					<u> </u>	<u></u> (0)
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Form No. 632 Revised: 01/2012

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Olig	er 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
anu	trial directions contained herein are frue and correct

Signature of Authorized Person Date

MAURICE R. PAQUE
Print or Type Name of Authorized Person