

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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.	2. Exact na	me of the limited liabili	ty company		
503241	0.00	OR COMBEREA	AD AAEEE & LOIML FEC		
3. State of Formation	4. Brief des	cription of the characte	er of business conducted in Rhode	Island	
RHODE ISLAND	WELL D	RILLER AND PU	MP INSTALLER		
5. Principal office address 11 COOK ROAD			City	State	Zip
			CUMBERLAND	RI	Zip 02864
Contact Name			Contact Title		
DEBORAH A. COOK			MANAGER		
Street Address 11 COOK ROAD			City CUMERLAND	State RI	Zip 02864
Manager Name DEBORAH A. COOK			Manager Name		
Street Address 11 COOK ROAD			Street Address		
CUMBERLAND	State RI	Zip 02864	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
ity	State	Zip	City	State	Zip
his information is current	v of record in the	Office of the Secrets	ary of State. Changes require filir	- Farm 640	

FILED

OCT 24 2014

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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

Data

DEBORAH A. COOK

Print or Type Name of Authorized Person