

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.	2. Exact na	ame of the limited lia	ability company		 -		
74636) 3. State of Formation	7 Pita	thers E	Rewhouse acter of business conducted in Rh	LLC			
5. State of Formation	4. Brief de	scription of the char	acter of business conducted in Rh	node Island			
RIT.	B	AR					
5. Principal office addre			City	State		— —	
22 Roland STREET			Cumberl	0 1 0 7	Zip	2864	
6. MAILING ADDRESS	S OF LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	T PERSON		23 6 7	
			Contact Title				
Jeanne Michaud Street Address			OW/	City Cumberland RI 02864			
Street Address Roland STREET			City	State	Zip	V 11	
7. LIST <u>ALL</u> MANAGE ("X" BOX FOR ATT	RS (NAMES AND ADI ACHMENT)	DRESSES) OF THE	LIMITED LIABILITY COMPANY	IF APPLICABLE - DO	NOT LIST I	86 Y Members	
nanager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip	28 C	
Manager Name			Manager Name			00 P	
Street Address			Street Address				
Dity	State	Zip	City	State	Zip	<u>♣</u> 🤶	
DECIDENTACENTI	N PHODE ISLAND		issue, de fini i Sajono de Mederico.		 		
. RESIDENT AGENT I			retary of State. Changes require	1907 and the proper of the configuration of the contract of the contract of	Agreement and a second control of the second	- 	

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OCT 3 0 2014

File Date Check No. By: FOR SECRETARY OF STATE USE ONLY	11 77	Onder penalty of perjury, I declare and affirm that this report, including any accompanying schedule and that all statements contained herein are true: Signature of Authorized Person Teanne Michaud Print or Type Name of Authorized Person	50 and state
A STATE OF THE STA		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012