

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 100

Filling 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.

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1. Entity ID No.	2. Exact n	ame of the limited lia	ability company					
509375 3. State of Formation	1 6	ant Box	(Ceschoo)	220				
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5. Principal office address	This	515 apr	exhoul for 3	City Lumber land State PI Zip 02864				
321 H	9h 57	TEEL ITY COMPANY AND	NAME OBTITLE OF CONTACT PE	State ZI	Zip 07864			
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Street Address	W02915	<u> </u>	Contact Title OWNE()	City Comberland State PI Zip 02864				
321	ltigh	57	Comberlana Comberlana	State RI	Zip 02864			
"("X" BOX FOR ATTACHM	ENTIT	URESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO I	NOT 11ST MEMBERS			
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMIT ("X" BOX FOR ATTACHMENT) ("X" BOX FOR ATTACHMENT) ("An ager Name			NEW STREET, SANSON DESIGNATION		ON THE MEERS			
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Manager Name								
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8. RESIDENT AGENT IN RHO	DE ISLAND							
This information is currently	of record in the	Office of the Secr	etary of State. Changes require fili					
· -				ng Form 642.				
								

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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

11/26/14

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012