

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.	Exact name of the limited	Habita	<u></u>	
10007015001	1	inability company		
000/95891	EMM COL	Reservant 1	·	
3. State of Formation 4.	Brief description of the ch	aracter of business conducted in Ri	anda Island	
0	_		lode Island	\
5. Principal office address	Crowstruc	Lion Compo	INV (Gen	eral
		City	State	Zip
6 MAILING ADDRESS OF LIMITED	Setts Ave.	Provider	ice ILI	07005
6: MAILING ADDRESS OF LIMITED Contact Name	LIADICITI COMPANY A	Contact Title	T PERSON:	
Andry San()	002		Y	
Street Address		City	State	
81 JULIUS		- Vrov.	VZI	01907
7. LIST ALL MANAGERS (NAMES A (FX. BOX FOR ATTACHMENT)	ND ADDRESSES) OF TH	HE LIMITED LIABILITY COMPANY	FAPPLICABLE DO N	OT LIST MEMBERS
Manager Name		Manager Name		A COMPANY OF THE PARTY OF THE P
Damy Sanc	hez_	manager Name		
Street Address ACKeLL	· · · · · · · · · · · · · · · · · · ·	Street Address		
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Prov.		City	State	Zip
Manager Name		Manager Name		Zip - P
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Street Address	-	Street Address		
Dity State	e Zip			- 1
, c.a.	Zip	City	State	Zip
RESIDENT AGENT IN RHODE ISLA	NDT			
his information is currently of recor	d in the Office of the Se	cretary of State, Changes require	Afiling Form 646	
			ming Form 642.	

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Under penalty of perjuly, 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 Authorized Person

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012