

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

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.

2. Exact name of the limited liability company 1. Entity ID No. 4. Brief description of the character of business conducted in Rhode Island 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTAC City 055 7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST **MEMBERS**</u> ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address Street Address City State Zip City State Zip Manager Name Manager Name Street Address Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED

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File Date BY	Pr C 214	der penalty of perjury, I declare and affirm the	
	li1)	and that all statements contained herein are tru	ie and correct.
Check No	1.10		12-5 14
By:		Signature of Authorized Person,	Date
FOR SECRETARY OF STATE USE ONLY		Northaniel handi	
FUR SECHE IAHT OF STATE USE UNLT		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012