

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

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 name of the limited liability company					
000531571	Brock	CISLAND	Sol	ind ric		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
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	phyrst me	-1	City É		State K.J.	^{Zip} 02915
6. MAILING ADDRESS OF LIMIT	ED LIABILITY CO	MPANY AND NAME O	A TITLE C	F CONTACT PERSO	N:	reas sauces
Contact Name Michael	T. McDuf	Y)	Contact Ti	itle OWN-lv		
Street Address 43 Pind	iurst rd.		City	P	State	Zip 02915
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)						
Manager Name		N/A	Manager	Name		Nla
Street Address			Street Add	dress		1
City	State	Zip	City		State	Zip
Manager Name			Manager I	Name		
Street Address			Street Add	dress		
City NA	State	Zip	City N	A	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.						
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Form	No.	632
Revis	ed:	01/2012

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Under penalty of perjury, I declare and affirm this report, including any accompanying school that all statements contained herein are to	edules and statements,
and that all statements contained herein are i	true and correct.
M1/M. Hugh	_ 12-30-14
Signature of Authorized Person	Date
Michael T. Medutt	
Print or Type Name of Authorized Person	