

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 8014

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 liab	ility company	<u> </u>				
00051484	2 V Q	2 Proc	ortion IIC					
3. Slate of Formation	4. Brief descri	otion of the charac	cler of business conducted in Rhode	Island				
21	Cou	ntertor	25		12			
5. Principal office address 15 Hartford AVI			Ohnston	State	²¹ <mark>0</mark> 2	919		
3. MAILING ADDRESS C Contact Name,	ROOK.	COMPANY AND	Contact Title	AME OR TITLE OF CONTACT REASON: Contact Title CFO Member				
Street Address antern Rd			uncoln	State 21	Zip 6	286	5,	
7. LIST ALL MANAGERS	S (NAMES AND ADDR	ESSES) OF THE	LIMITED LIABILITY COMPANY, IF	applicable - <u>do 1</u>	VOT LIST I	REMOER	S	
Manager Name			Manager Name					
Street Address			Street Address 5					
City	State	Zip	City	State	Zip	*	TS,	
Manager Name			Manager Name					
Street Address			Street Address					
City	Stale	Zip	City	State	Zip		3	
RESIDENT AGENT IN	RHODE ISLAND	Office of the Sec	retary of State. Changes require fil	ing Form 642		ည		
his information is curre	ently of record in the	office of the sec	retary or state. Changes require in	ing i citii v				
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File Date			Under penalty of perju this report, including a and that all statements	iny accompanying s	chedules ar	ıd statem	ents,	
Check No			/			-18-6	2015	
ву:			Signalure of Authorized	Signature of Authorized Person			Date	
FOR SECRETARY OF	STATE USE ONLY		Print or Type Name of A	uthorized Person				

Form No. 632 Revised: 01/2012