

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 2013

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 na	me of the limited liability c	ompany		
000148 75=		100 NDANO			
3. State of Formation	4. Brief des	cription of the character of	business conducted in	Rhode Island	
PI		SAILIN CHA	nter		
5 Principal effice address	5	0	Colly Sprin	N, HARBON N	1 Zip 11724
6. MAILING ADDRESS OF L	MITED LIABILI	TY COMPANY AND NAM		ACT PERSON:	
Contact Name KICHAND /ORKEN ZAND			Contact Title	AGIN, PANER	,
POBo + 240			(3) la 5/2/1	State N.	11724
7. LIST ALL MANAGERS (N. ("X" BOX FOR ATTACHME	AMES AND ADD	PRESSES) OF THE LIMIT	ED LIABILITY COMPA	NY, IF APPLICABLE - <u>DO N</u>	OT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		2015
City	State	Zìp	City	State	Zip P P P P P P P P P P P P P P P P P P P
8. RESIDENT AGENT IN RHO	***			I	1 65.1
This information is currently	of record in the	Office of the Secretary	of State, Changes req	uire filing Form 642.	<u> </u>
9:19	AM				DNS DIV
FILE)				TATE DIV 2: 00
MAY 27 2	015				
- 2UQL	124				
By 6 1 1 1/2	CM				
	DW	_			
File Date			this report, inclu-	perjury, I declare and affirm ding any accompanying sc	hedules and statements.
Check No	4 4 4 4		and that all state	monte contained herein are	true and correct.
Ву:			Signature of Author		Date
FOR SECRETARY OF STATE USE ONLY					CMASKS
		· ·	Print of Type Nem	For Authorized Person	
Com No. 6410 SHOULD					