

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

2012

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 com	pany		
000 148759	+ Mc	DANCE	-StAR, W.		
3. State of Formation	4. Brief description	n of the character of b	usiness conducted in Rhode Islani	d	
PI	SA,	ling CHA	ter		
5 Principal office address &	ව	0	COLOSPANY HANSI	State N+	Zip /1724
	TED LIABILITY CO	MPANY AND NAME	OR TITLE OF CONTACT PERSO	N:	
CONTACT NAME HICHARD TORREDZANO			Contact Title PArtner		
PO BOT 240			Colo Sining Harbor N Zip 11724		
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMEN"		SES) OF THE LIMITE	D LIABILITY COMPANY, IF APPL	ICABLE - DO NOT	LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City -	State	Zíp	City	State	Zíp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip J A
8. RESIDENT AGENT IN RHODE	ISI AND	<u> </u>			- 50
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					
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Esta Para	:		Under penalty of perjury, I d this report, including any ag	estare and affirm the	nat I have examined fules and statements.
File Date			and that all statements cont	ained herein are tro	re and correct.
Check No	·		Signature of Authorizant Perso	<u> </u>	C/////\
By:	· • • • • • • • • • • • • • • • • • • •		Signature of Admontals Perso	10000	NZAND
S LONDSHORETHAY OF STATE	JSE ONLY		Print or Type Name of Authorit	zed Person	
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