

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

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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 Eveet name o | f the limited liability cor | nany | | |
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| . State of Formation | | | usiness conducted in Rho | de Island | - |
| MA | ' | PAI ESTA | 7-6 | | |
| Principal office address 60 Church Street | | | City Whitinso | 16 State MA | Zip U/588 |
| MAILING ADDRESS OF I | | | | | |
| Thomas | J. Wic | KSMan EX | Contact Title | Horney | |
| Thomas J. Wicksman, Ex Street Address 60 Church Street | | | City Wh 17,45 | ville State MA | Zip 01588 |
| LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHN | NAMES AND ADDRES | SES) OF THE LIMITE | D LIABILITY COMPANY | FAPPLICABLE - DO N | OT LIST MEMBERS |
| lanager Name Rober | 7 E. S | HORTER | Manager Name | | |
| Street Address Kickenuit Cout City SWANSEA State MA Zip Zip Zip Zip Zip Zip Zip Zi | | | Street Address | | |
| ITY SWANSEA | State | Zip U2777 | City | State | Zip |
| anager Name | - | ···! | Manager Name | | |
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| RESIDENT AGENT IN RH | ODE ISLAND | | | | |
| is information is currently | A Service of the Serv | ender tanglar begin in the street of the second section in the second section in | f State. Changes require | filing Form 642. | |
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| | BY_ | Cn 2539 | 74 | | STATE OF THE PROPERTY OF THE P |
| File Date | | 1/:3 | Under penalty of per this report, including | jury, I declare and affirm gany accompanying scl ats contained herein are | nedules and statements. |
| By: | ia de la compania de La compania de la co | | Signature of Authorize | E. Sharten | : 6/ 6 // |
| FOR SECRETARY OF STA | TE LICE ON V | | Robert | E. Shorter M | Ana Ser |
| On SECRETARY UP STA | IE USE UNLT | | Print or Type Name of | Authorized Person | 1/414 700 |

Form No. 632 Revised: 01/2012