

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 2014

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. 000853527	a. Exact haine of the limited liability				
3. State of Formation	4. Brief de Vehicle	scription of the characte	er of business conducted in Rho	de Island	
RI	Verneie	i epais			
5. Principal office address 17 Industrial Drive	—		City	State	Zip 😂
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA			Westerly	RI	02891
		THE COMPANY AND N	Contact Title	PERSON:	S On
Phillip Allen			Contact Title		~ ~ ₹© <u>₹</u> ;
Street Address 17 Industrial Drive			City Westerly	State RI	Zip
LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME	MES AND AD	DRESSES) OF THE LI	MITED LIABILITY COMPANY, I	F APPLICABLE - DO	02301 SS
Manager Name Mark P Allen			Manager Name Phillip Allen		
Street Address 635 SW Salerno Road			Street Address 102 Riverside Drive		
City Stuart	State FL	Zip 34997	City Pawcatuck	State CT	Zip 06379
Manager Name			Manager Name		00379
Street Address			Street Address		
ity State		Zip	City		~
	1		City	State	45
RESIDENT AGENT IN RHOL	E ISLAND				
is information is currently o	f record in th	e Office of the Secreta	ary of State. Changes require	filing Form 642.	
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Check No			and that all statement	any accompanying e	chadulas and statement
					7/21/15
FOR SECRETARY OF STATE USE ONLY			Signature of Authorized Person Phillip Allen		Date
TUR SPEEKETARY OF CTATE	DOT ONLY		canun allan		

Form No. 632 Revised: 01/2012