

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 20/5

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	f the limited liability com	pany		
1009732	Trvo	5.110 1	ortel L	LC	
3. State of Formation	4. Brief description	on of the character of bu	isiness conducted in Rhode Island		
LI	C	leanig			
5. Principal office address 545	rien DS	HIP 51	City Prov	State RI	Zip 02 903
6. MAILING ADDRESS OF LIMI	TED LIABILITY C	OMPANY AND NAME O	OR TITLE OF CONTACT PERSON		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Contact Name 505E	1700	5/10	Contact Title	-	
Street Address	Frieny	5HiP St	City NOV	State	02963
7. LIST <u>ALL</u> MANAGERS (NAM "("X" BOX FOR ATTACHMEN	ES AND ADDRES ()		LIABIČITY COMPANY, IF APPLI	CABLE - <u>DO NOT</u>	LIST MEMBERS
Manager Name	,		Manager Name		
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8 RESIDENT AGENT IN RHODE	ISLAND TO A		l Vett		M ton
This information is currently of	record in the Offi	ce of the Secretary of	State, Changes require filing Fo	rm 642.	JA JR
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Form No. 632 Revised: 01/2012

Print or Type Name of Authorized Person