

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 2015

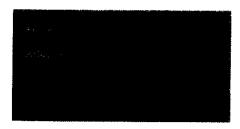
Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

3. State of Formation Any to A	usiness as permitte	er of business conducted in Rhode is ed under Rhode Island law City North Kingstown	State RI	Zip 02852	
5. Principal office address 66 Steamboat Ave. Contact Name Thomas Miozzi Street Address 66 Steamboat Ave. Manager Name	usiness as permitte	City North Kingstown Contact Title President City	State RI	Zip 02852	
5. Principal office address 66 Steamboat Ave. Contact Name Thomas Miozzi Street Address 66 Steamboat Ave. Manager Name	usiness as permitte	City North Kingstown Contact Title President City	State RI	Zip 02852	
Contact Name Thomas Miozzi Street Address 66 Steamboat Ave. Manager Name		North Kingstown Contact Title President City	RI	Zip 02852	
Contact Name Thomas Miozzi Street Address 66 Steamboat Ave. **Market Name **Market Name Manager Name		Contact Title President City			
Thomas Miozzi Street Address 66 Steamboat Ave. Manager Name		President City	State		
66 Steamboat Ave. ***********************************			State		
Manager Name			RI	Zip 02852	
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Street Address		Manager Name	Manager Name		
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City State	Zip	City	State	Zip	
Manager Name		Manager Name	Manager Name		
Street Address		Street Address	Street Address		
City State	Zip	City	State	Zip	
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This information is currently of record in			a Form 642.		

FILED SEP 14 2015

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Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

9-10-2015

Date

Thomas Miozzi

Print or Type Name of Authorized Person