

## 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 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.

1. Entity ID No. 132179		ne of the limited liab alty, LLC	ility company			
3. State of Formation RHODE ISLAND	4. Brief des	•	cter of business conducted in Rho	de Island		
5. Principal office address 4019 QUAKER LANE			City NORTH KINGSTO	OWN State	Zip <b>02852</b>	
Contact Name MICHAEL S. BESTW		e e luchverdie	Contact Title  MEMBER		3612	
Street Address 4019 QUAKER LANE			NORTH KINGSTO	OWN State	Zip <b>02852</b>	
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Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
FARSIDE AN AGENT FOR THE THIS Information is current	The state of the s	THE PARTY OF THE P	retary of State. Changes require	filing Form 642.		

FILED SEP 3 0 2015

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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

/ אני / (/ <u>)</u> Date

MICHAEL S. BESTWICK, MEMBER

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012