

1. Entity ID No.

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) 222-3940 ~ 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.

2. Exact name of the limited liability company

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

798459	Hem 261/	/ICe, LLC.					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island Information Technology Consultant Services					
Rhode Island	momati	on recimiology o	TO TOWN WITH THE PROPERTY OF T				
5. Principal office address 10 Weybosset Street, Suite 305			City Providence	State RI	Zip 02903		
	F LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT P	ERSON:			
Contact Name Edward Charles Giardina, Jr			Contact Title Manager				
Street Address 10 Weybosset Street, Suite 305			City Providence	State RI	Zip 02903		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD HMENT)	RESSES) OF THE LII	MITED LIABILITY COMPANY, I	APPLICABLE - <u>Do</u>	NOT LIST MEMBI		
Manager Name Edward Charles Giardina, Jr.			Manager Name				
Street Address 10 Weybosset Stre	et, Suite 305		Street Address				
City Providence	State RI	Zip 02903	City	State	Zip		
Manager Name	 		Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN	RHODE ISLAND						
		Office of the Secret	ary of State. Changes require	filing Form 642.			

File Date	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.		
Check No	COME IN Th	9-26-15	
3v:	Signature of Authorized Person	Date	
	Edward Charles Giardina, Jr.		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012