

Nellie M. Gorbea, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

2015

Filing Period: September 1 - November 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.
\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

		limited liability company			, , , , , , , , , , , , , , , , , , ,
3. State of Formation Rhode Island	4. Brief description of the character of the business which is actually conducted in Rhode Island  Any ancillary purposes, and all other lawful purposes.				
5. Principal office address 3760 Quaker Lane			City North Kingstown	State RI	Zip 02852
Contact Name Mark P. DePasquale			Contact Title Manager		
Street Address 3760 Quaker Lane	•		City North Kingstown	State RI	<sup>Zip</sup> 02852
					•
Manager Name Mark P. DePasquale			Manager Name		
Street Address 3760 Quaker Lane			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
This information is currently	of record in the O	office of the Secretary of Sta	te. Changes require filing of Form 64	2 – R.I.G.L. 7-16-1	10rson and Brusini Ltd.
		FILED			
		OCT 0.8 2015	•		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

Signiture of Authorized Person

Mark P. DePasquale, Manager

Print or Type Name of Authorized Person