

## 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.

Entity ID No.     Z. Exact name of the limited liability company											
	2. Exact harne of the sitting company										
00941595 3. State of Formation	State of Formation  4. Brief description of the character of business conducted in Rhode Island										
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RI Georing Company											
5. Principal office address 48 Steven	- 1763	and source that the second	Cronstan	RT	02910						
6. MAILING ADDRESS OF LIMIT Contact Name	TED LIABILITY CO	MPANY AND NAME O		Date Week of the	era e promi a suma mo						
Tracy BAE	22.		Contact Title  MCN 900 C Partner								
Street Address 48 Bte vens	Rd		Cronstur Cronstur	State	12910						
7. LIST ALL MANAGERS (NAM	ES AND ADDRES	SES) OF THE LIMITED	LIABILITY COMPANY, IF APPLI	CABLE: DO NOT	LIST MEMBERS						
("X" BOX FOR ATTACHMENT Manager Name											
Wanager Hamo			Manager Name		_						
Street Address			Street Address								
City	State	Zip	City	State	Zip						
Manager Name		<u> </u>	Manager Name	<u> </u>	<u> </u>						
Street Address			Street Address		1,3						
					CU1						
City	State	Zip	City	State	看。那						
8. RESIDENT AGENT IN RHODE	ISLAND**				6						
This information is currently of	record in the Offic	e of the Secretary of	State. Changes require filing Fo	rm 642.							
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OCT 20 2015											
By C 7697843											
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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

Print or Type Name of Authorized Person

*ბ ^ ჯტ* Date