

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

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.	2. Exact name of	the limited liability com	nany				
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632 401	USA	Libo	os LLC				
3. State of Formation	4. Brief description	n of the character of bu	siness conducted in Rhode Island				
BZ	Dieit	1 .	17 E-book		Rob	lishing	
5. Principal office address 766 Hope	SI A	P 202	Providence	State	Zip O	2906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name	Some		Contact Title				
	st Ap		trovidence	State	Zip C	2906	
7. LIST ALL MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRÈS] □	SES) OF THE LIMITED	LIABILITY COMPANY, IF APPLI	CABLE - DO NOT	LIST	EMBERS	
Manager Name	The second secon	Committee of the control of the cont	Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name		1015	#1,7%	
Street Address			Street Address		0CT (SSE DSE	
City	State	Zip	City	State	Zipo	100M	
8. RESIDENT AGENT IN RHODE	ISLAND#####						
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						<u> </u>	
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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.

Date

10-22 - 2015 Signature of Authorized Person