

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

2. Exact name of the limited liability company

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.

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3. State of Formation	4. Brief descrip	tion of the character of the COC	susiness conducted in Rhoo	le Island Mreoti No Rotu.	nauch
5. Principal office address	ower E	<u> </u>	fertime	oth State RI	. Oas 1/
6. MAILING ADDRESS OF LIMIT	TED LIABILITY	COMPANY AND NAME		PERSON:	
Contact Name	h-He	edrich	Contact Title	nbeh	
Streat Address COCOS	Ter	race	City	Stare	^z 02885
7. LIST ALL MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ÈS AND ADDRI D	ESSES) OF TH E LIM ITE		IF APPLICABLE - <u>Do N</u>	OT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHOD					
This information is currently of	f record in the (Office of the Secretary	of State. Changes require	e filing Form 642.	
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		FILED			
		OCT 2 3 2015			
	BY_	119			
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File Date			Under penalty of pe	rjury, I declare and affili g any accombanying s	rm that I have examined
Check No			this report, including any accompanying schedules and statements, and that all preferants contained hereif are true and correct.		
Ву:			signature of Authoriz	Perso	4 2/5
FOR SECRETARY OF STATE USE ONLY Rringer Woe Name of Abritorized Person					dilloni
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Form No. 632 Revised: 01/2012