

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.

Rhode Island 5. Principal office address 46 Pleasant Street MALLING ADDRESS OF EMITED Contact Name Strickland Wheelock Street Address 46 Pleasant Street 7. LIST ALL MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT) Manager Name Street Address City Sta	ktile Fir	nishing Y.COMPANY AND)	Contact Title Sole Member City Uxbridge	State MA PERSON State MA	Zip 01569 Zip 01569 NOT LIST MEMBE		
46 Pleasant Street MAILING ADDRESS OF LIMITED Contact Name Strickland Wheelock Street Address 46 Pleasant Street LIST ALL MANAGERS (NAMES A ("X" BOX FOR ATTAGRMENT) Wanager Name Street Address City Sta	<u>.</u>		Uxbridge NAME OF TITLE OF CONTACT Contact Title Sole Member City Uxbridge LIMITED LIABILITY COMPANY,	MA PERSON: State MA	01569 Zip 01569		
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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 a statements contained herein are true and correct.

Signature of Authorized Person

Strickland Wheelock

Print or Type Name of Authorized Person