

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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## 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.

State of Formation	4. Brief des Real Est	cription of the chara <b>ate</b>	cter of business conducted in Rh	ode Island	
5. Principal office address 55 Industrial Drive			City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
MAILING ADDRESS	OF LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON	
Contact Name Steven A. Lancia			Contact Title		
Street Address Same			City	State	Zip
LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAI	RS (NAMES AND ADI CHMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY	IF APPLICABLE - <u>Do</u>	NOT LIST MEMI
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File Date			
Check No			
By:			
	RETARY		
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Form No. 632 Revised: 01/2012 Under penalty of perjury, 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 Persor

Date

Steven A. Lancia

Print or Type Name of Authorized Person