

1. Entity ID No.

## 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.

2. Exact name of the limited liability company

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

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5. Principal office address PO BIX 142			City PORTSHOUTH	State RI	Zip <b>Zip 287</b> 1
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Contact Name			Contact Title	м:	
CORT B. CHA	PPOLL,	<i>5</i> 50.			
Street Address  / 71 CHASES LN.			PORTSMOUTH	State	02871
		DESSES OF THE I	IMITED LIABILITY COMPANY, IF APP	VICABLE BOX	OLOTI
("X" BOX FOR ATTACHMEN	m [	nesses) or the L	miles ciability compant, if app	FICABLE - DO W	OT LIST MEMBERS
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Street Address			Street Address		
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City	State	Zip	City	State	Zip
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on <b>y</b>	State	Ζip	City	State	Zip
. RESIDENT AGENT IN RHOD					· · · · · · · · · · · · · · · · · · ·
his information is currently o	of record in the	Office of the Secre	tary of State. Changes require filing	Form 642.	
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			Under penalty of erjury, I	declare and affire	n that I have examined
			this report, including any a	specimpulating sc	hedules and statemen
File Date			and that all victoriants co	ftained/herein an	true and correct.
Flie Date			this report, including any and think all materials co	Rained herein an	true and correct.
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