

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

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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.

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1. Entity ID No.	2. Exact na	me of the limited liab	pility company		
784100	\bigcirc	awn K	There Ren	14/110	
3. State of Formation	4. Brief des	cription of the charac	cter of business conducted in Rt	node island	
RI		al Hol	line Comp		
5. Principal office address	Kluy St		Ent Prole	Men State	Zip 79/6/
6. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:	
Joseph	Vider		Contact Title	Tower.	
Street Address 3-PC	Klyy 5	<i>}</i>	East Prus	State State	- Zip 2914
7. LÍST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD HMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY	FAPPLICABLE DO N	OT LIST MEMBERS
Manager Name		<u> </u>	Manager Name	· 14 15 16 27 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City		
	0.0.0) ² 'P	City	State	48
8. RESIDENT AGENT IN F	HODE ISLAND			Mikinakini balangai ing akin Lajeni Va	
This information is curren	ntly of record in the	Office of the Secr	etary of State. Changes requi	re filing Form 642	N 10.5
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, contained herein are true and correct. Signature of Authorized Person Date Print or Type Name of Authorized Person