

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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State of Formation	4. Brief descrip	otion of the character of e management	of business conducted in Rhode Is	anu							
Rhode Island Principal office address		and the second s	City East Greenwich	State RI	Zip 02818						
5 Lovegreen Way		COMPANY AND NA	ME OR TITLE OF CONTACT PER	ISON:							
ontact Name		A	Contact Title Registered Agent								
Stephen J. DiGianfilip treet Address 50 Park Row West, Su	444		City Providence	State RI	Zip 02903						
LIST ALL MANAGERS (N	AMES AND ADDI	RESSES) OF THE LIN	NITED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO</u>	NOT LIST MEMBERS						
("X" BOX FOR AT IACRIM	ENT)		Manager Name								
Robert E. Gallucci			Street Address		27 至						
5 Lovegreen Way				State	Zip 🚅 🖂 🚍						
Dity East Greenwich	State RI	Zip 02818	City		3 3 3 3 3 3 3 3 3 3						
Manager Name			Manager Name		<u>.</u>						
Street Address	<u></u>		Street Address								
City	State	Zip	City	State	Zip						
					6						
8. RESIDENT AGENT IN RI	HODE ISLAND	e Office of the Secre	stary of State. Changes require f	iling Form 642.	9						
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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 all statements contained herein are true and correct.

Signature of Authorized Person

Robert E. Gallucci

Print or Type Name of Authorized Person