

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.

1. Entity ID No.	2. Exact name of	the limited liability comp	pany			
790818	Lightir	ig Introdu	ctions, LLG			
3. State of Formation	4. Brief description	n of the character of bu	siness conducted in Rhode Island	······································		
Rhode Island	Consu	Iting Ser	VICES			
5. Principal office address 465 Potter Road			North Kingstown	State R.I	Zip 02852	
6. MAILING ADDRESS OF LIMIT	ED LIABILITY CO	MPANY AND NAME O	R TITLE OF CONTACT PERSON			
Contact Name	محن ا		Contact Title		A CONTRACTOR OF THE PROPERTY O	
Kenneth A Nu	mari	···-				
Street Address 465 Potter Re	pad		North Kingstown	State R.I	Zip 02852	
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRES:	SES) OF THE LIMITED	LIABILITY COMPANY, IF APPLI	CABLE - DO NOT	LIST MEMBERS	
Manager Name			Manager Name	are entre and the second section (1997). It is not the second section (1997).		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	<u> </u>	1	Manager Name			
Street Address			Street Address		V_(\dagger_1)	
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE	ISLAND			lengum salah dari		
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						

OCT 2 6 2013

File Date Check No.	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedular and that all statements contained herein are true. Signature of Authorized Person	lies and statements
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012