

## 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.

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

1. Entity ID No.		ne of the limited liabi	ility company			
967697	Continue	d Gain, LLC				
3. State of Formation	4. Brief desc	ription of the charac	ter of business conducted in Rhod	e Island		
RI	Any Law	ful Business				
5. Principal office address 137 Camden Ave			City Providence	State RI	Zip <b>02908</b>	
GTMAILING ADDRESS OF	gelivitraDiél/Apién	Y OCKPANYAND	Kronu≕ <b>ो:</b> अवव ===०);;;ल <b>ो (स</b> .रस्तात:	ERSON: ***	The second secon	
Contact Name Jared M. Tomassi, Esq.			Contact Title Attorney			
Street Address 188 Sargent Street			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	
7-LIST ALL MANAGERS	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	<u> </u>		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8: RESIDENT AGENT IN I	RHODE ISLAND					
This information is curre	ntly of record in th		retary of State. Changes require	filing Form 642.		

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Form No. 632 Revised: 01/2012

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11/22

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all largements contained herein are true and correct.

Signature of Authorized Person

Date

Pablo Calderon

Print or Type Name of Authorized Person