

## 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 \_

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 DECLI

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1. Entity ID No.	2. Exact nan	2. Exact name of the limited liability company					
50521		cean?		LLC			
3. State of Formation	4. Brief desc	ription of the charac	cter of business conducted in R	hode Island			
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	NATE		PAWTUCK	CT State R1	<sup>Zip</sup> 2860		
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTAC	TPERSON:			
6705	AN Lea	Vitt	Contact Title				
Street Address 147 R	1 verside	Dr.	City R(Version	State P	Zip 02915		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADDI	RESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IE APPLICABLE - DO N	OT LIST MEMBERS		
Manager Name	UNIC (A) )		Manager Name				
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Street Address			Street Address				
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Manager Name		·······	Manager Name				
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8. RESIDENT AGENT IN F	RHODE ISLAND				ka da sanaka sa		
This Information Is curre	ntly of record in the	Office of the Secre	etary of State. Changes requi	re filing Form 642.	9		
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Signature of Authorized Person

heart Print or Type Name of Authorized Person

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 here have true and correct.

Form No. 632 Revised: 01/2012