

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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Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50,00 • FA	ILUKE 10 FILE I	HIS REPORT BY D	PECEMBER 1 WILL RESUL	T IN A \$25.00 PEN	ALTY FEE.
1. Entity ID No.	2. Exact name of the limited liability company				
95261	MA	280 CCC	Ventures	hhc	
3. State of Formation	4. Brief description	on of the character of t	ousiness conducted in Rhode Is	land	
RI	Gien.	eral Co	ntoacting		
5. Principal office address	extima	n Rd	Sohnson	State	Zip 02919
6 MAILING ADDRESS OF LI	NITED LIABILITY C	OMPANY AND NAME		SON:	
Contact Name M. Cuce	Marsoc	a Jr	Contact Title Member		
Street Address SAME			City Idens for	State	Zip 29 19
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME	MES AND ADDRES	SES) OF THE LIMITE	D LIABILITY COMPANY, IF AF	PLICABLE - DO NO	T LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address	<u> </u>	
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address	<u>.</u>	
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN PHOI	DE ISLAND				
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					
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	the Political of		Under penalty of perjury, I declare and affirm that I have examined		
File Date			this report, including any and that all statements co	accompanying school	edules and statements.
Check No.			atonto		11/20/15

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Person

Signature of Authorized Person

Form No. 632 Revised: 01/2012