

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 2011

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 page	ne of the limited liabil	ity company	<u> </u>		
504809	140	Mrza)		LC		
3. State of Formation	4. Brief desc	ription of the charact	er of business conducted in	Rhode Island		
RT	(ea	potate	2			
	1000	(() ()	South	kinstown		
5. Principal office address 374 SUCCO FASh Rd			city 028	79 State RI	Zip (7787)	
6. MAILING ADDRESS OF	F LIMITED LIABILIT	Y COMPANY AND N	IAME OR TITLE OF CONTA	CT PERSON:		
Contact Name + AUSON			Contact Title		and the second s	
Street Address Sucotash Rd			South King	gstown State RI	Zip 07879	
7. LIST <u>ALL</u> MANAGERS	(NAMES AND ADD	RESSES) OF THE L	IMITED LIABILITY COMPA	NY. JE APPLICABLE - DO 1	NOT LIST MEMBERS	
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Manager Name			Manager Name		3,000	
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Manager Name	 .	<u> </u>	Manager Name			
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Street Address			Street Address	Street Address		
City	State	Zip	City	04-4-		
		2.6	Ony	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					No.	
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	ВУ	On 26/16	1:59			
			Under penalty of	perjury, I declare and affir	m that I have examined	
File Date this report, including any accompanying s and that all statements contained herein a					hedules and statements.	

Signature of Authorit

Print or Type Name of Authorized Person

Date

Form No. 632 Revised: 01/2012

FOR SECRETARY OF STATE USE ONL