

## 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.	2. Exact nan	ne of the limited liabili	ty company	- 10-th		
@077/		ا ما	,			
3. State of Formation	4 Brief desc	ription of the characte	Acigement	Rhode Island		
o. otato or romination	4. Biloi doso	—–––––––––––––––––––––––––––––––––––––	er or pasiness conducted in	hilode Island		
K1		Radin	0 871/57	7 e S1		
5. Principal office addr			City	State	Zip	
6 MAILING ADDRES	ر کر کر / SOFT IMITED HABILIT	Y COMPANY AND N	AME OR TITLE OF CONTA	OF DEPENDING	_\	
Contact Name			Contact Title			
Ches	ckhamed	1. Ucskit	e ou	Iner		
Street Address	5 Auxte	- 5 <i>t</i>	City	State	Zip	
7. LIST ALL MANAGE			IMITED LIABILITY COMPA	NY, IF APPLICABLE - DO N	IOT LIST MEMBERS	
("X" BOX FOR ALI	ACHMENT)					
Manager Name			Manager Name			
Street Address			Street Address	, <u>.</u>		
City	State	Zip	City	State	Zip	
Manager Name	I		Manager Name			
Street Address			Street Address	Chroat Address		
			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT	IN RHODE ISLAND					
		Office of the Secre	tary of State. Changes rec	uire filing Form 642.		
					<b>8</b>	
					V 30	
ş	LED				112 1 King	
FILED						
NOV <b>3 0</b> 2015					<b>₽</b> 2977 <b>□</b> 297	
1200881a					53	
By C \$ 10000						
	IM	_				
			l Indau vait	Amarkania I da II a a a a a		

File Date Check No FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that ally statements contained herein are true and correct.

ickhame Print or Type Name of Authorized Person