

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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.

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This information is curre	ently of record in th	Office of the Secr	retary of State. Changes requ	dre filing Form 642.	100 PS	
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Manager Name			Manager Name			
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Street Address			Street Address			
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Street Address PO Box 121	0		wood Riv	State	= Zp 0 2894	
Contact Name  Nyle Roode			Contact Title			
10 tox 126			lebood Kive	UCT RI	02894	
5. Principal office address	ucqu	re, Hold,	Manage and leood Rive	Scll Real E Stage	state	
127						
3. State of Formation	ta	ok STC	eet Holding	LLC.		
1. Entity ID No.	2. Exact na	me of the limited lial	bility company			

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BY ac 263111



Form No. 832 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 all statements contained herein are truggand correct.

Signature of Authorized Person

Kyle Roode Print of Type Name of Authorized Person