

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 name of | the limited liability com | pany , _ | | - 44. | | | |
|---|---|---------------------------|----------------------|------------|------------------------|--|--|--|
| 160904 | Law O. | Hices of | Christopher J. | Cangari, | tsg. LCC | | | |
| 3. State of Formation | 4. Brief description of the character of business conducted in Rhode Island | | | | | | | |
| RI | Logal Services | | | | | | | |
| 5. Principal office address 2 +5 UPS+ N4 | tick Rd | Ste 1000 | City Warwick | State 12 Z | Zip 02886 | | | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | | | | |
| Contact Name hristopher | J. 70 | mgan | Contact Title Member | 10 wner | | | | |
| Street Address 275 Wast No | atick Ra | l. Je 1000 | Warwick | State | Z 886 | | | |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | | |
| ("X" BOX FOR ATTACHMENT | | | | | | | | |
| Manager Name | | | Manager Name | | | | | |
| Street Address | | | Street Address | , | 2.21 | | | |
| City | State | Zip | City | State | Zip | | | |
| Manager Name | ************************************* | | Manager Name | | 53 (1941) 53 (1941) | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | | | | |
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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 all statements contained herein are true and correct.

Signature of Authorized Person

Date

hristopher T. Zangari
Print or Type Name of Authorized Person