

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 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 nar	ne of the limited lia	bility company			
3. State of Formation	245 Je	m PR	COPPLETIES, LUC incident of business conducted in Rhode Is	· 		
RI	26	Cal E	STATC	siand		
5. Principal office add	rrington ST	Y COMPANY AND	City YOU'CLUTCL NAME OR TITLE OF CONTACT PER	State RT	Zip 02907	
Contact Name Melizo		of Phillips of American States and States of The States and American States of States and American States of States	Contact Title OWNY	<u> </u>		
Street Address 181 Way	crington ST		Providence	State	Zip 02407	
1,00,000,000	TACHMENT)	nesses) uf i ne	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO N</u>	IOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	<u> </u>		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zig. Zig	
8) RESIDENT AGENT		r green total				
This information is c	urrently of record in the	Office of the Secr	retary of State. Changes require filin	g Form 642.	A STATE OF THE PROPERTY OF THE	

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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 hat all statements contained herein are true and correct.

Signature of Authorized Person

19/32/13

Print or Type Name of Authorized Person