

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

R 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.

FI 5. Principal office address 5. MAILING ADDRESS OF LIMITED I Contact Name JAMES I. M Street Address 7. LIST ALL MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT) Manager Name Street Address	SMAII DL JABILITYCOI L'Carth	PACKAG	Contact Title GWA City Chunds 7774	State R-1 PERSON: State	Zip	2F'B B13
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RESIDENT AGENT IN RHODE ISLA his information is currently of recor	ND d in the Office	of the Secreta	ry of State, Changes require f	iling 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

1-8-16

Print or Type Name of Authorized Person