

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 _____ 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.

1. Entity ID No.	2. Exact name of	of the limited liability co	mpany		 -
797681	į		•		
3. State of Formation	4. Brief descripti	on of the character of t	business conducted in Rhode Islan	d	
157		_truc4	STATE OF THE STATE	ū	
5. Principal office address			City	State	
29 Gircrest	0r		west warnick		Zip
5. MAILING ADDRESS OF LIM	TED LIABILITY C	GMPANY AND NAME	OH TITLE OF CONTACT PERSO	N. State and the state of the s	07893
-			Contact Title		
Street Address)	·	Owner		
29 G. C. C. C. 2	. N ~		City	State 12	Zip
7. LIST ALL MANAGERS / N.2 M	Y YES AND ADDOES	SEST OF THE TOTAL	west warwice	-1, KI	07893
("X" BOX FOR ATTACHMEN	ni i i i i i i i i i i i i i i i i i i		DLIABILITY COMPANY, IF APPL	ICABLE - DO NO	I LIST MEMBERS
II / or og og blande			Manager Name		
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Street Address			Street Address		
0::					
Ofty	State	Zip	City	State	Zip
Manager Name					
The state of the s			Manager Name		
Street Address			Stroot Add		
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City	State	Zip	City	04-4	
			'	State	Zip
8 RESIDENT AGENT IN RHODE	ISLAND: 3				
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					
FILED FEB 0 1 2016 CORPORATIONS ON PROPERTY OF STA					
File Date Check Note BY A 144 Ar 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.					
Check No. By: FOR SECRETARY OF STATE U	SE ONLY		Signature of Authorized Person Print or Type Name of Authorize	port)	2/1/2016 Date
form No. 632					

Form No. 632 Revised: 01/2012