

## 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 2011

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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1. Entity ID No.	2. Exact name of	f the limited fiability con	npany	· · · · · · · · · · · · · · · · · · ·	<del>-</del> , ,		<del>-</del>
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3. State of Formation	4. Brief descripti	on of the character of b	usi <u>ness</u> conducted	in Rhode Island		<u> </u>	<del></del>
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5. Principal office address / OO Dorrand	€5t. 5	Suite 20	City Prov.		State	<sup>2</sup> % a	903
6. MAILING ADDRESS OF LIM Contact Name	ITED LIABILITY C	OMPANY AND NAME		ITACT PERSON	L'ESSESSE	aleria i garagania. Programa	
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Street Address  OO Darrance		gite 20	City Prov		State	Zig A	903
7. LIST <u>ALL</u> MANAGERS (NAI ("X" BOX FOR ATTACHMEN	MES AND ADDRES	SSES) OF THE LIMITE	D LIABILITY COM	PANY, IF APPL	ICABLE - <b>DO N</b>	OT LIST ME	MBERS -
Manager Name  AUIA  A	Manager Name						
Street Address	e St.	Suite 20	Street Address				·•
CHY -	State	Zip 2903	City		State	Zip	
Manager Name			Manager Name				
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8. RESIDENT AGENT IN RHOD	The second secon			The Assistant A			
This information is currently o	f record in the Off	ice of the Secretary o	f State. Changes r	equire filing Fo	orm 642.	<u> </u>	रू जिल्ला
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			Under penalty	of perjury, I de	eclare and affirm	າ that I have ເ	examined
File Date			this report, in	cluding any ac-	companying scl ained herein are	redules and $\epsilon$	statemente
Check No		FILED	//				
By:  FOR SECRETARY OF STATE	USE ONLY	MAR 0 8 2016	Signature of AL	ithorized Person	iset	H;	Date
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Form No. 632	B. A	£ 269576	- 2, 21				

Revised: 01/2012