

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 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.

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3. State of Formation	4. Brief des	cription of the characte	r of business conducted in Rhode Isl WORKING	siness conducted in Rhode Island KING		
5. Principal office address 32 FRANK AVE		City WEST KINSTON	State RI	Zip 02892		
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Contact Name MATTHEW DOYON			Contact Title MANAGER			
Street Address 32 FRANK AVE			City WEST KINGSTON	State RI	Zip 02892	
					AND SERVICES	
Manager Name MATTHEW DOYON			Manager Name			
Street Address 32 FRANK AVE			Street Address			
City WEST KINGSTON	State RI	Zip 02892	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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This information is currently of	of record in the	Office of the Secreta	ary of State. Changes require filing	Form 642.	A313 70.	

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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 berein are true and correct.

Signature of Authorized Person-

Print or Type Name of Authorized Person

Date