

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.

G. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title City Residual State Zip Resident Address City State Zip Manager Name Manager Name Manager Name Manager Name Street Address City State Zip Manager Name Manager Name Street Address City State Zip Manager Name City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip Manager Name	1. Entity ID No.	2. Exact na	me of the limited liab	ility company			
4. Brief description of the character of business conducted in Rhoge Island **RI** **A SERVEDAT** **A SERVEDAT** **A STATE** **A STATE** **A SERVEDAT** **A STATE** **	534223	W	hite Wa	ter Consu	HING LL	C	
S. Principal office address City REAGMING State Zip Zip Zip Zip Zip Zip Zip Zi	3. State of Formation	4. Brief des	cription of the charac	ter of business conducted in F	Rhode Island		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title City State City State Zip	RI	Ma	NA GEME	act Consul	Forly		
Contact Title Street Address City	264 Bunn	et of K	7	NAZZAGAN	seff RI	07882	
Street Address Street Address City State Zip		FLIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTAC	CT PERSON:		
ARTAGANICH RB DESC.	Contact Name	Zito		Contact Title	idust		
Manager Name Street Address City Manager Name Street Address City Manager Name Manager Name City Manager Name Manager Name Street Address City State Zip Manager Name Manager Name Manager Name Street Address City State Zip	Street Address 264 Sonnel	PIRL		Oity / NARZA6 A	nsett State	Zip 02882_	
Street Address Street Address City State Zip Oity State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip State Zip B. RESIDENT AGENT IN RHODE ISLAND	7. LIST <u>ALL M</u> ANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD HMENT) [RESSES) OF THE	LIMITED LIABILITY COMPAN	IY, IF APPLICABLE - DO I	NOT LIST MEMBERS	
City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip City State Zip	T)/	Z/6		Manager Name	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
Manager Name Manager Name Street Address Street Address City State Zip City State Zip State Zip	Street Address 264 Bount	(P.)	PL	Street Address			
Street Address City State Zip City State Zip B. RESIDENT AGENT IN RHODE ISLAND	City NATOLAGA NS CA	State	0288	City	State	Zip	
City State Zip City State Zip 8: RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name			
8. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address	Street Address		
	City	State	Zip	City	State	Zip	
This information is surrently of reason in the Office of the County of Otto Otto	THE RESIDENCE AND ADDRESS OF THE PROPERTY OF T						
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is curre	ntly of record in the	e Office of the Secr	etary of State. Changes requ	ire filing Form 642.		

FILED APR 1 4 2016

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.

Check No

By:

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012