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	ate: RI Zip: 02906 Country: USA
	ale. <u>Ni</u> Zip. <u>02700</u> Country. <u>0571</u>
ailing Address of Limited Liability Company and Nam	e or Title of Contact Person:
act Name: <u>KENNETH DULGARIAN</u> Contact Title:	
and Street: <u>144 WATERMAN STREET</u> SUITE 6	
	ate: <u>RI</u> Zip: <u>02906</u> Country: <u>USA</u>
ame and Address of Each Manager of the Limited Lia O NOT LIST MEMBERS	bility Company, if Applicable.
Title Individual Name	Address
First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER KENNETH R DULGARIAN	144 WATERMAN STREET, SUITE 6 PROVIDENCE, RI 02903 USA
ESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	

FLOOR PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 2 Day of May, 2016 at 2:32:25 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KENNETH R. DULGARIAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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