

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (bere)) is subject to a penalty fee of \$25.00.

985355	2. Exact name of the limited liability company Blue Fox, LLC					
3. State of Formation Rhode Island 4. Brief description of the character of the but Hearing Aid Center			usiness which is actually conducted in Rhode Island			
5. Principal office address 12 Goose Lane, Unit G			City Tolland	State CT	Zip 06084	
6. MAILING ADDRE Contact Name Nancy C. Fox	ss of limited lia	BILITY COMPANY A	ND NAME OR TITLE OF CONT. Contact Title	ACT PERSON		
Street Address 14 Summer Street, Apt. 1			City Westerly	State RI	<i>Zip</i> 02891	
7. NAME AND ADDR	ESS OF EACH MAN FILL IN	AGER OF THE LIMIT SPACES BEFORE US	TED LIABILITY COMPANY, IF A SING ATTACHMENTS : (X BO)	PPLICABLE - <u>DO NOT</u> (FOR ATTACHMENT)	LIST MEMBERS	
Manager Name None			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zψ	City	State	Zip	
Ianager Name			Manager Name	Manager Name		
treet Address			Street Address	Street Address		
(Ly)	State	Zip	City	State	Zψ	
RESIDENT AGENT I		Office of the Secretary	of State. Changes require filing o	f Form 642 - R.I.G.L. 7-16	-11	

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

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MAY 1 1 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.

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Signature of Authorized Person

4-1-10 Date

Nancy C. Fox

Print or Type Name of Authorized Person