

State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov | CORPORATIONS BIV

Limited Liability Company Annual Report for the year: 그어서 2016 년 11 AM 10: 5년

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| ०००१३८१५४ | Backwoods, LLC | | | | |
| 3. State of Formation | Brief description of the character of business conducted in Rhode Island | | | | |
| Rhade Island | To purchase, montain, improve and sell and to conduct and promote business | | | | |
| 5. Principal Office Address | | | City | State | Zip |
| 1109 Iron Mine Hill Road | | | SmHhfæld | RI | 02917 |
| 6. Mailing Address of Limited Lia | bility Company a | nd Name or Title | of Contact Person | | |
| Contact Name | | | Contact Title | | |
| Street Address | | | City | State | Zip |
| 1109 Iron Mine Hill Road | | | Smithfull | 121 | 102917 |
| 7. List ALL managers (names ar | nd addresses) of | the Limited Liabi | ity Company, IF APPLICABLE - | DO NOT LIST M | EMBERS |
| Manager Name | | | Manager Name | | |
| teun O'Sullivan | | | | | |
| Street Address 1109 Iran Mine Hill Road | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Smithfuld R1 02917 | | | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| | | <u> </u> | Check th | e box to indicate | an attachment |
| 8. Resident Agent in Rhode Islan | d This information | is currently of reco | rd in the Department of State. Chang | ges require filing Fo | orm 642. |
| Under penalty of perjury, I deci statements, and that all statem | are and affirm t | hat i have exam | ined this report, including any | Carraca actions of the contract of the contrac | |
| Name of Authorized Person | | | | Date | |
| kcuin O'sullivan | | | | 7/8/16 | |
| Signature of Authorized Person | - | SIGN DOGU | MENT HERE | | |
| Reven Hullingin | | | | | |

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Form No. 632 Revised: 2016 KW