State of Rhode Island a Department of S			s Division		
Annual Report for the year: Limited Liability Company → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.					H4 - 438 9102 50 25 25 20 35 35 35 35 35 35 35 35 35 35 35 35 35
1. Entity ID Number	2. Exact name of the Limited Liability Company Tertile Undergrand LLC				5 8 8
3. NAICS Code 44 - 45 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island a small local natural your				(afi
6. Principal Office Address	nster	SH	Providence	State	Zip 02909
7. Mailing Address of Limited Lia Contact Name Adam			Contact Person Contact Title men-ker on City Provi, den ce State State City Provi, den ce State		
				<u></u>	Zip 02909
8. List ALL managers (names and addresses) of the Limited Liab Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and					
Statements, and that all statem				y accompanying	schedules and
Anna Shappo				Date 9/1	116
Signature of Authorized Person	62	Sign Dod	DUMENT HERE		
MAIL TO: Division of Business Services			FILED SEP 01 2016		
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov			SEP 01 2016 2118 By 20 26 26 25		