State of Rhode Island and Providence Plantations Department of State - Business Services Division						
Annual Report for the year: 2015						
Limited Liability Company						
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00					20:	
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.						
Entity ID Number 2. Exact name of the Limited Liability Company					2 2 2	
123532	Zno lealtille					
3. NAICS Code						
5. State of Formation to own and develop Real Estates in						
5. State of Formation to own and develop						
Rhode Island						
6. Principal Office Address			City	State	Zip	
250 Mendon Rd			Cemberluna	1 Cd	02864	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Suhn Eno			Contact Title Manager			
Street Address 250 Mendon RM			City umberlana	State RT	Zip 2664	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name 50km	. Enu		Manager Name			
Street Address Menden Rd			Street Address			
city Ciember and	State	Zip 7864	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 statements contained herein are true and correct.

Name of Authorized Person

S-30-16

Signature of Authorized Person

SIGNIDODENENTHERE

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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