State of Rhode Island Department of			es Division	_	
Annual Report for the Limited Liability Comp → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	oany er 1 - November	r 1	ember 1.	_	
1. Entity ID Number	2. Exact name	e of the Limited L	Λ ' Ι ' ,	LC	
3. NAICS Code 5. State of Formation T	4. Brief descri	ption of the chara	acter of business conducted in Rh	ode Island	
6. Principal Office Address 235 Hoove St	rect		Hackensach	State U.J.	Ziţ
7. Mailing Address of Limited Li	ability Company	and Name or Title	e of Contact Person		<u> </u>
	grus	<u>.</u>	Countact Title of Parl	way Isse	· H,
Street Address 235 Hook	91.00		City Hackensack	State	Zip
8. List ALL managers (names a	nd addresses) of	the Limited Liabi	ility Company, IF APPLICABLE - I	DO NOT LIST ME	MBE
Manager Name Norman A Feinstein			Manager Name		_
Street Address 82 8 LL SL			Street Address		
city Horristown	State	^{Zip} 07960	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	7:

Zip

statements, and that all statements contained herein are true and correct.

City

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

Signature of Authorized Person

Name of Authorized Person

Zip

Check the box to indicate an attachment

OCT 0 3 2016

State

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 07601