

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

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

3. State of Formation	4. Brief de	escription of the char	acter of business conducted in Rhoc	•	
Rhode Island	Consul	ting	asie, or pasitiess conducted in Huor	de Island	
5. Principal office address 103 Leo Avenue			City <b>Providence</b>	State RI	Zip <b>029040290</b>
6. MAILING ADDRESS	OF LIMITED LIABIL	ITY COMPANY AME	NAME OF THE OF COMPANY		
S. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND A Contact Name Peter Pascale			Contact Title Operating Manager		
Street Address 103 Leo Avenue			City Providence	State	Zip <b>02904</b>
LIST ALL MANAGER	S (NAMES AND AD	DRESSES) OF THE	LIMITED LIABILITY COMPANY II	E ADDITIONAL TO THE	02904
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É ONLY	Under penalty of perjury, I declare and affirm the this report, including any accompanying schedular and that all statements contained herein are true.  Signature of Authorized Person  Peter Pascale  Print or Type Name of Authorized Person	q DS at I have examined

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Form No. 632 Revised: 01/2012