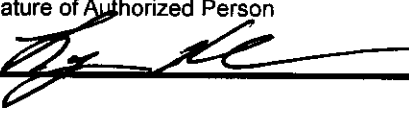




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2016  
**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.

|   |       |  |                                |                         |                     |
|---|-------|--|--------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>000992680</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Apex Homes of PA, LLC</b>   |                                |                         |                     |
| 3. NAICS Code<br><b>31-33 - Manufacturing</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>The sale of Modular Homes that are manufactured in PA.</b> |                                |                         |                     |
| 5. State of Formation<br><b>PA</b>  |       |  |                                |                         |                     |
| 6. Principal Office Address<br><b>7172 Route 522</b>  |       | City<br><b>Middleburg</b>  |                                | State<br><b>PA</b>      | Zip<br><b>17842</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                                |                         |                     |
| Contact Name <b>Lynn Kuhns</b>  |       |  | Contact Title <b>President</b> |                         |                     |
| Street Address <b>7172 Route 522</b>  |       | City <b>Middleburg</b>   |                                | State <b>PA</b>         | Zip <b>17842</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                                |                         |                     |
| 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 <input checked="" type="checkbox"/>   |       |  |                                |                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |                                |                         |                     |
| <b>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.</b> |       |  |                                |                         |                     |
| Name of Authorized Person<br><b>Lynn Kuhns</b>  |       |  |                                | Date<br><b>10/25/16</b> |                     |
| Signature of Authorized Person<br>   |       |  |                                | SIGN DOCUMENT HERE      |                     |

**MAIL TO:**  
**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov

001 01 2016

01046LDS