

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

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.

1. Entity ID No. 787782		me of the limited liab oor Group, LLC														
3. State of Formation Rhode Island		cription of the chara	cter of business conducted in Rhode I	sland												
5. Principal office address 655 Main Street			City East Greenwich	State RI	Zip 02818											
	LIMITED LIABILE	TY COMPANY AND	NAME OF THE OF CONTACT PER	SON:	ь .											
Contact Name Guy Glennon			Contact Title Manager													
Street Address 655 Main Street			City East Greenwich	State RI	Zip 02818											
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI IMENT)	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>Do</u>	NOT LIST MEMBERS											
Manager Name			Manager Name													
Street Address			Street Address													
City	State	Zip	City	State	Zip											
Manager Name			Manager Name	Manager Name												
Street Address		· · · ·	Street Address	Street Address												
City	State	Zip	City	State	Zip											
8. Residentagent in R	HODE ISLAND															
This information is curren	tly of record in th	e Office of the Secr	retary of State. Changes require filir	ıg Form 642.												

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Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

Guy Glennon

Print or Type Name of Authorized Person