	State of Rhode Island and Providence Plantations	
	Office of the Secretary of State	Fee: \$50.0
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liability	Company	
Annual Report		
iling Period: Septem	ber 1 - November 1	
n accordance with R.	I.G.L. 7-16-66(d), each limited liability company failing or refusing	
	t within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
6-66(b&c)) is subject	t to a penalty fee of \$25.00.	
ANNUAL REPORT Y	(EAR: <u>2017</u>	
1. ID No. <u>0008</u> 4	49389	
2. Exact Name of t	he Limited Liability Company <u>TABER HOLDINGS, LLC</u>	
3. State of Formati	ion	
State: <u>RI</u>		
	ARTICLE III	
of business in which	labeled NAICS Code below, select the classification title that describes your entity engages. The box to the right of the dropdown will populate a selection. If the NAICS Code is known, enter it into the box on the right	a NAICS Code
of business in which based on the chosen assistance with selec		a NAICS Code
of business in which based on the chosen assistance with select NAICS Code	your entity engages. The box to the right of the dropdown will populate a selection. If the NAICS Code is known, enter it into the box on the right cting a classification <u>click here.</u>	a NAICS Code ht. For further
of business in which based on the chosen assistance with selec NAICS Code 4. Brief Description HOLDING COMP	your entity engages. The box to the right of the dropdown will populate a selection. If the NAICS Code is known, enter it into the box on the right cting a classification <u>click here.</u>	a NAICS Code ht. For further
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of business in which based on the chosen assistance with selec NAICS Code 4. Brief Description HOLDING COMP 5. Principal Office A	your entity engages. The box to the right of the dropdown will populate a selection. If the NAICS Code is known, enter it into the box on the right cting a classification <u>click here.</u>	a NAICS Code ht. For further
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of business in which based on the chosen assistance with select NAICS Code 4. Brief Description HOLDING COMP 5. Principal Office A No. and Street: City or Town: 6. Mailing Address Contact Name: JO No. and Street: 4 City or Town: E 7. Name and Addre	your entity engages. The box to the right of the dropdown will populate a selection. If the NAICS Code is known, enter it into the box on the right cting a classification <u>click here.</u> 6 6 6 7 6 7 6 7 7 7	e a NAICS Code ht. For further <u>81</u> n Rhode Island Country: <u>USA</u> on: Country: <u>USA</u> able.

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JONATHAN C. ROBERTS 455 HUNTERS CROSSING EAST GREENWICH, RI 02818

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 25 Day of August, 2017 at 12:23:43 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JONATHAN C. ROBERTS

Signature of Authorized Person

Form No. 632 Revised 09/07

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