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| State of Rhode Island and Providence Plantations Department of State - Business Services Division | |
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| Annual Report for the year: 2017 Limited Liability Company | |
| → Filing period: September 1 - November 1 → Filing Fee: \$50.00 | |

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| | | City Providence | State | | |
| d addresses) | | | State RI | ^{Zıp} 02903 | |
| |) of the Limited Lia | bility Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | |
| | | Manager Name | | | |
| | | Street Address | | | |
| State RI | Zip 02904 | City | State | Zıp | |
| Manager Name | | Manager Name | | | |
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| | | | Check the box to | indicate an attachment | |
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| are and affir ents conta <u>i</u> n | m that I have exa | mined this report, including and correct. | ng any accompanyir | ng schedules and | |
| Name of Authorized Person | | | Date | | |
| John C. Santoro, Manager | | | 9/ //17 | | |
| | State RI State d. This informations and affin | State RI Zip 02904 State Zip d. This information is currently of relate and affirm that I have examined. | State RI Zip 02904 City Manager Name Street Address State Zip City d. This information is currently of record with the Department of State | State RI Zip 02904 City State Manager Name Street Address State Zip City State Check the box to to the condition of the c | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 578000 OCT 06 2017 (11) 0 5

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