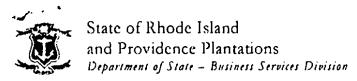
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148 W. River Street Providence, RI 02904-2615

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

438107	•	Pixact name of the limited liability company			53119D	
	on of the character of the busin old, develop, sell, and	-	cted in Rhode Island		5. State of Formation Rhode Island	
6. Principal office address 356 Washington Highway			City Smithfield	State RI	2 <i>ip</i> 02917	
Contact Nume Michael D. S	_ _	ILITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title Manager	CT PERSON:		
Street Address 356 Washington Highway			City Smithfield	State RI	02917	
Munager Name Michael D. Spino Street Address 356 Washington Highway			Manager Name David J. Spino Street Address 356 Washington Highway			
Ció Smithfield	State RI	2 <i>ip</i> 02917	City Smithfield	State RI	7.ip 02917	
Munuger Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
.	GENT IN RHODE ISLAND s currently of record in the Of	fice of the Secretary of Sta	ate. Changes require filing of Fo	rm 642 – R.I.G.L. 7-16-1	1Orson and Brusini Lt	
	This report m	OCT 1 usi be executed by for all BY	0 2017 Porized Person pursuant 10 R.	I.G.L. 7-16-66 (b).		
<u> </u>				, I declare and affirm that I		

Michael D. Spino, Manager