Annual Report for the year: 2017 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.

8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address City State Zip City Manager Name Street Address Street Address State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip City State Zip	= 25					
3. NAICS Code 531390 5. State of Formation CT 6. Principal Office Address TSKrww Drick 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name DAVID FILKSW State City State City State City State City State Contact Title Contact Title Contact Title State Street Address Manager Name Street Address City State Street Address City State Street Address Street Address City State State Street Address City State Street Address Street Address City State Street Address	2. Exact name of the Limited Liability Company				Entity ID Number	
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5. State of Formation City State City State Zip TSKNWAD TON TON TON TON TON TON TON TO		0 1 -		531390		
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		Street Address				
	State Zip	City	Zip	State	City	
Check the box to indicate an attachment of the control of the cont	k the box to indicate an attachment	Che	· •	•		
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
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.	ccompanying schedules and					
Name of Authorized Person Date						
DAVID EN USON-Member 1/16/18	1116118					
Signature of Authorized Person Signature of Authorized Person All—Mcmhes						

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**

JAN 1 6 2018

FORM 632 - Revised: 08/2016