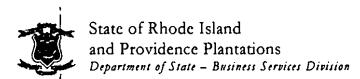
, . RI SOS Filing Number: 201877134340 Date: 9/10/2018 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law

<u> </u>	s subject to a penalty jee of \$25.		<u> </u>	T		
1. ID No. 000973742	2. Exact name of the li.			3. NAIC	3:312	
	of the character of the busin		cted in Rhode Island	5. State	5. State of Formation Rhode Island	
6. Principal office address 305 Dudley Street			City Providence	State RI	Zip 02907	
7. MAILING ADDI Contact Name Deborah A. Sc		ILITY COMPANY AND	NAME OR TITLE OF CONTAC - Contact Title Manager	T PERSON:		
Street Address 305 Dudley Street			City Providence	State RI	7.ip 02907	
8. NAME AND ADD Manager Name Deborah A. S	FILL IN SPACE	GER OF THE LIMITED IS BEFORE USING ATT.	LIABILITY COMPANY, IF APP ACHMENTS ("X" BOX FOR Manager Name Kevin M. Neel	LICABLE - <u>DO NOT</u> attachment)	LIST MEMBERS	
Street Address 305 Dudley Street			Street Address 305 Dudley Street			
City ; Providence	State RI	7.ip 02907	City Providence	State RI	2ip 02907	
Manager Name		•	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. RESIDENT AGE	NT IN RHODE ISLAND				· · · · · · · · · · · · · · · · · · ·	
This information is co	urrently of record in the Of	fice of the Secretary of Sta	ate. Claruc riquire filing of For	n 642 - R.I.G.L. 7-16-1	1Orson and Brusini Ltd.	
,		(SEP 1 0 2018			
i		RY	22104_			
	This was a second		shawiaad waxaa waxaa B.I	C 1 7 16 66 (b)		

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

File Date
Check No.
Ву:
FOR SECRETARY OF STATE USE ONLY

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

Deborah A. Schimberg, Manager

Print or Type Name of Authorized Person