

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island: 02903-1335

LIMITED LIABILITY COMPANY

d. The same of the Collect Batallian same	la.
The name of the limited liability comp	pany is:
SIBN, LLC	TALL CONTRACTOR AND
The address of the principal office of	the limited liability company is:
The state or other jurisdiction under t	the laws of which it is formed is RHODE ISLAND
4. The name and address of its residen	nt agent is: ANTONIO AFONSO, JR.
MOSES & AFONSO, LTD. 86 WEYE	BOSSET STREET SUITE 300 PROVIDENCE, RI 02903
5. The current mailing address of ti	the limited liability company and the name or title of a person to who
communications may be directed are	9:
6. A brief statement of the character c	of the business in which the limited liability company is actually engaged in the
-4-4	
SIBIO:	
•	
•	
7. If the limited liability company has me	anagers, the name and address of each manager of the limited liability, compar
7. If the limited liability company has me	anagers, the name and address of each manager of the limited liability, compar
7. If the limited liability company has me	anagers, the name and address of each manager of the limited liability, compar
7. If the limited liability company has me	anagers, the name and address of each manager of the limited liability, compar
7. If the limited liability company has me	anagers, the name and address of each manager of the limited liability, compar **Address** Under penalty of perjury, I declare and affirm that I have examined the second content of the limited liability.
7. If the limited liability company has me Name	anagers, the name and address of each manager of the limited liability, compar **Address** Under penalty of perjury, I declare and affirm that I have examined the second content of the limited liability.
7. If the limited liability company has me Name	Under penalty of perjury, I declare and affirm that I have examined it report. Including any accompanying schedules and statements, a that all statements contained herein are true and correct.
7. If the limited liability company has me Name Dated	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, a
Dated 19	Under penalty of perjury, I declare and affirm that I have examined that all statements contained herein are true and correct.
7. If the limited liability company has me Name Dated	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, a that all statements contained herein are true and correct. Exact Name of Limited Liability Company
7. If the limited liability company has me Name Dated, 19	Under penalty of perjury, I declare and affirm that It have examined it report, including any accompanying schedules and statements, a that all statements contained herein are true and correct. Exact Name of Limited Liability Company By
Dated 19	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, at that all statements contained herein are true and correct. Exact Name of Limited Liability Company By
Dated, 19 POR SECRETARY OF STATE USB ONLY FILE DAIC: Check No.: OF RHODE ISLAND AND PROVIDE	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, at that all statements contained herein are true and correct. Exact Name of Limited Liability Company By

AFONOAG 029033026 1198 17 08/26/96 METURN TO SENDER MOSES & AFONSO LTD 170 WESTMINSTER ST #201 PROVIDENCE RI 02909 2101