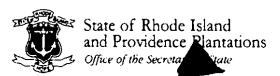
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A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Proindence, RI 02904-2615 401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 202

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. NAME AND		GER OF THE LIMITED PACES BEFORE USIN	D LIABILITY COMPANY, IF AF G ATTACHMENTS ("X" BOX		T LIST MEMBERS	
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Manager Name			Manager Name		J	
Street Address			Street Address			
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	GENT IN RHODE ISLAND	Office of the Secretary of	of State. Changes require filing o	of Form 642 - R.I.G.L. 7	-16-11	
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	This report n	nust be executed by ar	i authorized person pursuant to	ΒΥ Ω (R.I.G.L. 7-16- <b>95</b> (β).	X	
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	507007			;		
<del></del>			including any acc	Under penalty of perjury, I declare and affirm that I have examined this repincluding any accompanying schedules and statements, and that all statement contained herein are true and correct.		
File Date Check No		· <del> -</del> -	Suprature of Autho	method	Date Up/	
By:	· · · · · · · · · · · · · · · · · · ·		Mary H.	•	<i>5</i> 011	
FOR SECRETARY OF STATE USE ONLY			Peint or Type Name of Authorized Person			