

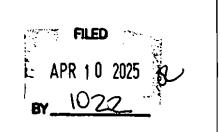
State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Limited Liability Company			
1694428	MS Mediation LLC			
3. NAICS Code 541110	4. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ANY LAWFUL BUSINESS.			
5. State of Formation RHODE ISLAND				
6. Principal Office Address		City	State	Zip
4 ELDEN COURT		LINCOLN	RI	02865
7. Mailing Address of Limited L	iability Company and Name or I	Title of Contact Person		!
MICHAEL S. SCHWARTZ, ESQ.		Contact Title MEMBER		
Street Address 4 ELDEN COURT		City LINCOLN	State RI	^{Žip} 02865
8. The Resident Agent informa	tion currently of record with the I	RI Department of State is accu	ırate. Changes requir	e filing Form 642.
9. Under penalty of perjury, statements, and that all state	i declare and affirm that i have ements contained herein are to	examined this report, include tue and correct.	ding any accompany	ring schedules and
Name of Authorized Person MICHAEL S. SCHWAF	RTZ, ESQ.		Date 4/5/211	
Signature of Authorized Perso	ζ.			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov