

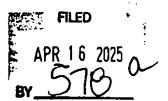
## State of Rhode Island Department of State - Business Services Division

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					
000822278					
3. NAICS Code 624190					
5. State of Formation RI					
6. Principal Office Address	<u> </u>	City	State	Zip	
537 Washington Street		Coventry	RI	02816	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name Deborah J. Radcliff		Contact Title			
Street Address 537 Washington Street		City Coventry	State RI	<sup>Zip</sup> 02816	
8. The Resident Agent infon	mation currently of record with	the RI Department of State is accu	rrate. Changes require	e filing Form 642.	
	y, I declare and affirm that I h atements contained herein a	ave examined this report, include re true and correct.	ding any accompany	ing schedules and	
Name of Authorized Person	Radcliff		Date 4 11		
Signature of Authorized Ber	id of the		, ,		

MAIL TO:

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

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