

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

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 (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

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ll	t name of the limited liabil	ity company			
000074549 5	Amx	CE /CBM	LTYLLC		
3. State of Formation	4. Brief description of the	e character of the business whi	ch is actually conducted in Rhode Isla	nd	
RI	INACT	TIVE			
5. Principal office address		1	City	State	Zip - C-C
51 JEFFER	SON BOVI	evor	Worwock	nt.	02888
6. MAILING ADDRESS OF	LIMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PER	SON:	•
Contact Name	11		Contact Title		
James I. Goldman			MEMBER		
Street Address		7	Gity ,	State	Zip C-
5/ JEFFERSON BON/EUR-A			Worn of	NI	02811
7. NAME AND ADDRESS O	F EACH MANAGER (OF THE LIMITED LIABI	LITY COMPANY, IF APPLICA	BLE - DO NOT LIST	MEMBEDS
	FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS ("X" BOX FOR AT		MEMBERS
Ma <u>nager</u> Name	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Manager Name		
Vones I. Goldman			Jovet J. Goldman		
				307027.77	,
CI To Coch De la coch			Street Address		
Street Address 51 Jetterson Bowlevard			51 Jetterson Bowlevard		
worwich	State	2 5 F f	Worn ck	State	21p 2511
Manager Name		.1	Manager Name		.1
, v			0		
Street Address			Street Address		
Сиу	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RE	HODE ISLAND	•	•	ı	1
This information is currently	of record in the Office	of the Secretary of State.	Changes require filing of Form	642 - R I G 1 - 7.16 11	
		- Diane.	Size Sea redette thing of Follit	072 - K.I.O.L. /-10-11	

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

	FIIFD
File Date _	
Check No	'JUN 1 4 2011 CL 146349
By:	A 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

Date

Print or Type Name of Authorized Person