



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>486546</u>		2. Exact name of the limited liability company <u>SOFT I+ OUT, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>ORGANIZING - homes, offices, life</u>			
5. Principal office address <u>32 Columbus Avenue</u>		City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Lisa M. Altieri</u>		Contact Title <u>Member</u>			
Street Address <u>32 Columbus Avenue</u>		City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>N/A</u>		Manager Name <u>N/A</u>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

2013 JAN 30 AM 9:56
 SECRETARY OF STATE
 DIVISION OF BUSINESS SERVICES

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 JAN 30 2013
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2013 JAN 24 AM 11:09
 SECRETARY OF STATE
 DIVISION OF BUSINESS SERVICES

File Date _____
 Check No _____
 By: _____

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.

Lisa M. Altieri 1-14-13
 Signature of Authorized Person Date
 LISA M. ALTIERI
 Print or Type Name of Authorized Person