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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 _ 2016

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.	2. Exact name of	the limited liability	company		
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3. State of Formation	4 Brief description	on of the character	of business conducted in Rhode	Island	
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CT do	HOME	RUTC	nTNG		
5. Principal office address			City	State	Zip
2326 BERLIN TOK			BENLZN	C7	06037
		MPANY AND NAM	WE OR TITLE OF CONTACT PE	RSON:	
Contact Name			Contact Title		
CANC A CIANCIA JN			member		
Street Address			City	State	Zip
2126 BENCZN TPK			BENCINI	<u> </u>	06017
'. LIST <u>ALL</u> MANAGERS (NAI "X" BOX FOR ATTACHMEN	MES AND ADDRESS	SES) OF THE LIM	ITED LIABILITY COMPANY, IF	APPLICABLE - DO I	
Manager Name			Manager Name		
Street Address			Street Address		
Manager Name			Manager Name		
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City	State	Zip	City	State	44 22
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FOR SECRETARY OF STATE	USE ONLY		Print or Type Name of A	thorized Person	<u> </u>
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Form No. 632 Revised: 01/2012