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The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

Limited Liability Company Annual Report

(General Laws Chapter 156C, Section 12)

Federal Identification No.: _____ Year: _____

(1a) The exact name of the limited liability company:

_____

(1b) The exact name of the limited liability company as amended:

_____

(2a) Location of its principal office:

_____

(2b) The street address of the office in the commonwealth at which its records will be maintained:

(3) The general character of the business:

_____

(4) Latest date of dissolution, if specified: _____

(5) The name and street address of the resident agent in the commonwealth:

(6) The name and business address of each manager, if any:

(7) The name and business address of the person(s) in addition to manager(s) authorized to execute documents filed with the Corporations Division, and at least one person shall be named if there are no managers:

(8) The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property.

(9) Additional matters:

Signed by *(by at least one authorized signatory)*: _____

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

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(General Laws Chapter 156C, Section 12)

I hereby certify that upon examination of this limited liability company annual report, duly submitted to me, it appears that the provisions of the General Laws relative thereto have been complied with, and I hereby approve said application; and the filing fee in the amount of $ _____ having been paid, said application is deemed to have been filed with me this

_____ day of _____, 20 _____, at _____a.m./p.m.
time

Effective date: _____

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

Filing fee: $500

TO BE FILLED IN BY LIMITED LIABILITY COMPANY
Contact Information:

_____

_____

_____

Telephone: _____

Email: _____

Upon filing, a copy of this filing will be available at www.sec.state.ma.us/cor.
If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.