

## 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 2014

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. 834537                     | 2. Exact name of the limited liability company 3D Development, LLC                       |                    |                                    |               |                     |
|---|--|--------------------|------------------------------------|---------------|---------------------|
| 3. State of Formation  Rhode Island         | Brief description of the character of business conducted in Rhode Island     Real Estate |                    |                                    |               |                     |
| 5. Principal office address 498 Broadway    |  |                    | City Providence                    | State<br>RI   | Zip<br><b>02908</b> |
| 6. MAILING ADDRESS OF                       | LIMPTED LIABILE  | TY COMPANY AND     | NAME OR TITLE OF CONTACT P         | ERSON:        |                     |
| Contact Name<br>Frank Miele                 |  |                    | Contact Title Member               |               |                     |
| Street Address 498 Broadway                 |  |                    | City<br>Providence                 | State<br>RI   | Zip<br><b>02908</b> |
| 7. LIST ALL MANAGERS<br>("X" BOX FOR ATTACH | (NAMES AND ADI<br>MENT)  | PESSES) OF THE     | IMITED WEILTY COMPANY I            | APPLICABLE-DO |                     |
| Manager Name<br>NONE                        |  |                    | Manager Name NONE                  |               |                     |
| Street Address                              |  |                    | Street Address                     |               |                     |
| City  | State<br>RI  | Zip                | City                               | State         | Zip C               |
| Manager Name                                |  |                    | Manager Name                       |               |                     |
| Street Address                              |  |                    |                                    |               |                     |
| City  | State  | Zip                | City                               | State         | PM 2                |
| S RESIDENTAGENT IN RI                       | HODE ISLAND  |                    |                                    |               |                     |
| This information is current                 | tly of record in the   | Office of the Seci | retary of State. Changes require f | ling Form 642 |                     |

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| FOR S  | CRETARY OF STATE USE ONL | Y         |

Form No. 632 Revised: 01/2012

| Under penalty of perfury, I declare an this report, including any accompany and that all statements contained her | ING Schedules and statements |
|---|------------------------------|
|   | [Q:11/14                     |
| Signature of Aythorized Person  | / Date                       |

Frank Miele, Member

Print or Type Name of Authorized Person