



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
100 Capitol Building
Providence, RI 02902-2400
401-277-2000

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

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. 7-15-66(a), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed for filing its annual report is subject to a penalty fee of \$25.00.

1. ID Number 133034		2. Exact name of the limited liability company 23/25 Eaton LLC			
3. State of formation Rhode Island		4. Brief description of the character of the business which is carried on and for what purpose Acquiring, developing, leasing, dealing in and holding for invest. real estate property.			
5. Principal office address 1300 Division Road, Suite 203		City West Warwick		State RI	Zip 02893
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Name: Robert McCann Contact Title: Member					
1300 Division Road, Suite 203		West Warwick		RI	02893
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS * ("X" BOX FOR ATTACHMENT) ☐					
Manager Name		Manager Name			
Manager Address		Manager Address			
City		State	Zip	City	State
Manager Name		Manager Name			
Manager Address		Manager Address			
City		State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND					
The first person is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-11-11(c) and Form 643.					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-15-66(c).

FILED	
NOV 14 2011	
FILED No.	156553
FOR 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 the information contained herein are true and correct.

Robert McCann

Signature of Authorized Person

Robert McCann, Member

Print or Type Name of Authorized Person

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SECRETARY OF STATE
CORPORATE DIV