



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

| | | | | | |
|---|-------|---|--------------------------------|--------------------|---------------------|
| 1. ID No. <u>160 493</u> | | 2. Exact name of the limited liability company <u>TOP TITLE AND CLOSING LLC</u> | | | |
| 3. State of Formation <u>RI</u> | | 4. Brief description of the character of the business which is actually conducted in Rhode Island <u>REAL ESTATE TITLE AND CLOSING</u> | | | |
| 5. Principal office address <u>1006 RESERVUE AVE</u> | | | City <u>CRASTON</u> | State <u>RI</u> | Zip <u>02910</u> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name <u>JOHN L COPPOLINO</u> | | | Contact Title <u>MEMBER</u> | | |
| Street Address <u>1006 RESERVUE AVE</u> | | | City <u>CRASTON</u> | State <u>RI</u> | Zip <u>02910</u> |
| 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) <input type="checkbox"/> | | | | | |
| Manager Name | | | Manager Name | | |
| 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 - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |
| Agent Name | | | Address | | |
| Address | | | City | State | Zip |

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 SECRETARY OF STATE
 CORPORATIONS DIV

This report may be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED
JUL 10 2012 12:57

By 174553
KMC

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.

[Signature] 7/10/12
Signature of Authorized Person Date

John L Coppolino
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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