

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.	2. Exact	t name of the limited liability company						
132615	Currei	n Realty, LLC						
3. State of Formation			character of the business who					-
Rhode Island		to own, operate, lea	ase, buy, sell, manage	and otherwise deal in	n real estat	е		
5. Principal office ad				City		State		Zip
75 Pennsylvania Avenue				Warwick		RI		02888
	RESS OF L	IMITED LIABILITY	COMPANY AND NAME		TACT PERSO	ON:		
Contact Name Meredith A. Cu	~~~		Contact Title					
Street Address	Ten					a	<del></del>	1
згеег даагез 1274 Narragansett Boulevard				City		State		Zψ
_			Cranston		RI		02905	
7. NAME AND A	DDRESS OF		F THE LIMITED LIAB					<u>MEMBERS</u>
		FILL IN SPACE	S BEFORE USING ATT	ACHMENTS ("X" BC	OX FOR ATTA	ACHMENT)		
Manager Name				Manager Name				
none								
Street Address			Street Address					
City		State	. Zip	City		State		Zip
3				:				
•4********	**********			. <b></b>				#
Manager Name	************	<u> </u>		Manager Name			************	<i>*</i> ***********************************
Manager Name	*****************		I				***********	
	***************************************		J	Manager Name Street Address	***************************************	***	••••••	
Manager Name Street Address				Street Address		***		
Manager Name		State	Zip			State		Zip
Manager Name  Street Address  City	ENT IN PH			Street Address City	0em 662 F		16 11	Zψ
Manager Name  Street Address  City	ENT IN RH		Ζίρ NOT ALTER - Changes	Street Address City	orm 642 - I		16-11	Zip
Manager Name  Street Address  City  8. RESIDENT AG Agent Name				Street Address  City  require filing of Fo	orm 642 - F		16-11	Zψ
Manager Name  Street Address  City  8. RESIDENT AG				City  require filing of Fo	orm 642 - F		<b></b>	Zψ
Manager Name  Street Address  City  8. RESIDENT AG Agent Name  Karen G. DelP	onte			Street Address  City  require filing of Fo	orm 642 - I		16-11 <i>Zip</i> 02908	

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

132615

	FILED
File Date	AUG 0 1 2012
Check No.	CL 176062
By:	10:18

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 of Authorized Person

Meredith A. Curren