

Fullymeter, 622 Howards and 2017

## 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 \_2012-

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

2. Exact name of the limited liability company

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 91409   | DEPET  | rillo REP            | IL ESTATE HOLDING  | is uc              |  |  |
|---|--|----------------------|--|--------------------|--|--|
| 3. State of Formation                           | 4. Brief desc  | ription of the chara | cter of business conducted in Rhode  | sisland            |  |  |
| K.1   |  | reales-              | *  |                    | :  |  |
| 5 Principal office address  250 B CEMTE         | AVILLE R   | 0                    | City<br>WARWCK   | State              | 02 8 8L  |  |
| 6. MAILING ADDRESS OF L<br>Contact Name         | IMITED LIABILIT  | Y COMPANY AND        | NAME OR TITLE OF CONTACT P   | ERSON:             |  |  |
| SUMACLIVANIE                                    |  |                      | Contact Title  |                    |  |  |
| Street Address                                  |  |                      | City   | State              | Zip  |  |
| 7. LIST ALL MANAGERS (N<br>("X" BOX FOR ATTACHM | IAMES AND ADD  | RESSES) OF THE       | LIMITED LIABILITY COMPANY, IF  | APPLICABLE - DO    | NOT LIST MEMBERS   |  |
| Manager Name                                    |  |                      | Manager Name   |                    |  |  |
| Street Address                                  |  |                      | Street Address   |                    |  |  |
| City  | State  | Zip                  | City   | State              | Ζίρ  |  |
| Aanager Name                                    |  |                      | Manager Name 20 C  |                    | 2012   |  |
| Street Address                                  |  |                      | Street Address   | Street Address     |  |  |
| City  | State  | Zip                  | City   | State              | Zip 29   |  |
| . RESIDENT AGENT IN RH                          | ODE ISLAND   |                      |  |                    | 7 5  |  |
| his information is currently                    | y of record in the   | Office of the Sec    | retary of State. Changes require fi  | ling Form 642.     | ₩ 5  |  |
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| File Date                                       | and the same of th |                      | Under penalty of perju<br>this report, including :<br>and that all statement:  | any accompanying s | rm that I have examined chedules and statements, re-true and correct |  |
| Check No  |  |                      | 76-0   | 1-400-             | 8-24-12  |  |
| Ву:   |  |                      | Signature of Authorized  |                    | Date   |  |
| FOR SECRETARY OF STA                            | TE USE ONLY  |                      | THOMAS<br>Print or Type Name of A  | DEPETH W           |  |  |