

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 20/2

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.

Entity ID No. Z. Exact name of the limited liability comp	any			
134389 PTR PVoP	ertics LL	<u>C</u>		
State of Formation 4. Brief description of the character of but	siness conducted in Hinode Island		1	
Rhod=Island Rental Properties Eprincipal office address Zip				
5. Principal office address	City	State O T	02919	
70 ARGONNE St	JOHN STON	O. L	02///	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF THE OF CONTACT PERSON:				
Contact Name	Contact Title			
PATRICK J ReGAN	Clo			
Street Address	City	State	D 2919	
70 ARGONNE S.F	JOHNSTON	K+	0,77	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)				
Manager Name Patrick J Rebar	Manager Name	/		
Street Address Street Address				
70 ARGONAE ST				
City Star RI 02919	City	State	Zip	
Manager Name	Manager Name			
Street Address	Street Address			
City State Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND				
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.				

File Date	FILED	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 figrein are true and corrects.
Check No	AUG 2 7 2012	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	090	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012