

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

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.

606023	426 COVE	ntry Kealty, LL			2. Exact name of the limited liability company 426 Coventry Realty, LLC				
3. State of Formation	1		.0						
J. State of Formation		Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ANY LAWFUL BUSINESS							
RHODE ISLAND	TO ENGA								
5. Principal office address 383 SMITHFIELD AVENUE			City PAWTUCKET	State RI	Zip 02860				
6. MAILING ADDRESS OF L	IMITEO LIABILIT	Y COMPANY AND	NAME OF TITLE OF CONTACT PE	ASON:					
Contact Name GUIDO J. PETROSINELLI			Contact Title MANAGER OF MEMBER						
Street Address 383 SMITHFIELD AVENUE			City PAWTUCKET	State RI	Zíp 02860				
7, LIST ALL MANAGERS (N ("X" BOX FOR ATTACHM		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS				
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 RI	A A A A A A A A A A A A A A A A A A A								
This information is current	ly of record in th	e Office of the Sec	retary of State. Changes require fi	ling Form 642.					

FILED

SEP 04 2012

File Date

Cneck No.

By:

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 all statements contained herein are true and correct.

Signature of Authorized Person

Date (

GŮIDO J. PETROSINELLI

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012