

## 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.

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

Entity ID No.     2. Exact name of the limited liability company																
690441	750 Real	ty Associates,	LLC													
3. State of Formation	4. Brief des	cription of the charac	cter of business conducted in Rhode	Island												
RHODE ISLAND	TO ENG	AGE IN ANY LA	WFUL BUSINESS													
5. Principal office address 383 SMITHFIELD AV	ENUE		City PAWTUCKET	State RI	Zip <b>02860</b>											
6. MAILING ADDRESS OF	LIMITED LIABILE	Y COMPANY AND	NAME OF TITLE OF CONTACT PE	RSON:												
Contact Name GUIDO J. PETROSIN	IELLI		Contact Title MANAGER OF MEN													
Street Address 383 SMITHFIELD AV	ENUE		City PAWTUCKET	State <b>RI</b>	Zip <b>02860</b>											
7. LIST <u>ALL</u> MANAGERS ( ("X" BOX FOR ATTACH	NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE: DO	NOT LIST MEMBER											
Manager Name	manust. 8. — German Hills	SC STATES STATE OF POLICE STATES STATES	Manager Name	Manager Name												
Street Address			Street Address	Street Address												
City	State	Zip	City	State	Zip											
Manager Name	<u></u>		Manager Name	Manager Name												
Street Address		<u> </u>	Street Address	Street Address												
City	State	Zip	City	State	Zip											
8 RESIDENT AGENT IN RI	7. V. Cr. / VACTO W. V. V. V. V. P. P. V.	i di Santang San		Notice to the second												
This information is current	tly of record in the	e Office of the Secr	etary of State. Changes require fil	ing Form 642	**************************************											

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- A Principal Company of the Company																	

Form No. 632 Revised: 01/2012 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

**GUIDO J. PETROSINELLI** 

Print or Type Name of Authorized Person