RI SOS Filing Number: 201296725710 Date: 09/05/2012 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
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 name of the limited liability company
145306	Patron Properties LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO OWN, OPERATE FINANCE, AQUIRE, AND INVEST IN REAL AND PERSONAL PROPERTY

5. Principal office address	City	State	Zip
10 Industrial Lane	Johnston	Rhode Island	02919

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Steven Abrams	Manager

Street Address	City	State	Zip
10 Industrial Lane	Johnston	Rhode Island	02919

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Steven Abrams	455 Wayland Avenue	Providence	Rhode Island	02906
Robert Stupell	100 Exchange Street, Unit 1601	Providence	Rhode Island	02903

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
STEVEN ABRAMS	10 INDUSTRIAL LANE	JOHNSTON	02919-

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

FILED
SEP 05 2012
By mne
CK # 507

[redacted]

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

82381-11-782408

[redacted]

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 8-30-12 *Date*

[redacted]

Steven Abrams
Print or Type Name of Authorized Person

Form 632 Rev. 07/07