

## 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.

1. Entity ID No. 123849	2 Exact name of the limited liability company 130 Waterman Street LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Own and manage real estate					
5. Principal office address 130 Waterman Street			City Providence	State <b>RI</b>	Zip <b>02906</b>	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Brian E. Duff			Contact Title			
Street Address 130 Waterman Street			City <b>Providence</b>	State <b>RI</b>	<sup>Zip</sup> <b>02906</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, II	F APPLICABLE - DO	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	Żip	
8. RESIDENT AGENT IN R	HODE ISLAND			u daga daga daga daga daga daga daga dag		
This information is curren	itly of record in th	e Office of the Sec	retary of State. Changes require	filing Form 642.		

## **FILED**

SEP 1 1 2012

File Date	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.   ——————————————————————————————————		
By:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Brian E. Duff / Charles M. Rul		
FOR SECRETARY OF STATE USE UNLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012