

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.	II	2. Exact name of the limited liability company				
140163	LDRE Pi	roperties, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Own and	d sell real estate				
5. Principal office address 3 Memorial Boulevard			City Newport	State RI	Zip 02840	
	MITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	Beiter de como	
Contact Name Melanie Delman			Contact Title			
Street Address 3 Memorial Boulevard			City Newport	State RI	Zip 02840	
7. LIST <u>ALL</u> MANAGERS (N. ("X" BOX FOR ATTACHME	AMES AND ADD	DRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name Melanie Delman			Manager Name			
Street Address same as above			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 RHO	DDE ISLAND					
This information is currently	of record in th	e Office of the Seci	retary of State. Changes require	e filing Form 642.		

FILED

SEP 1 1 2012

By_MMC)					
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 complined herein are true and correct. Signature of Authorized Person Date				
TON OLD ILLIANT OF CHARLESOL ONE	Print or Type Name of Authorized Person				

Form No. 632 Revised: 01/2012