

## 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.	2. Exact na	me of the limited liab	mity company		700	
73 527	Que	een Rea	thy LLC			
3. State of Formation			cter of business conducted in Rhode	Island		
RI			de rentab			
<ol><li>Principal office address</li></ol>	· · · · · · · · · · · · · · · · · · ·		Gity	State	Zip	
L12 Elmgrove Ave			Posidone	0-		
3. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PE	BEUN.	02906	
Contact Name			Contact Title			
Michael B.	Share.					
Street Address			City	State	Zip	
613 Elmanne	e Ave		Providence	ZA SIGNO	1 '	
		***************************************			09906	
7. LIST <u>all</u> managers	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY IS	1001101015		
LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO N	OT LIST MEMBE	
	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	APPLICABLE - DO N	OT LIST MEMBE	
Manager Name	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	APPLICABLE - <b>DO N</b>	OT LIST MEMBE	
	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	APPLICABLE - <u>DO N</u>	OT LIST MEMBE	
Manager Name	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	APPLICABLE - <u>DO N</u>	OT LIST MEMBE	
Manager Name Street Address	(NAMES AND ADI	Zip	Manager Name  Street Address		OT LIST MEMBE	
Manager Name Street Address	S (NAMES AND ADI HMENT) []		LIMITED LIABILITY COMPANY, IF A	APPLICABLE - DO N	OT LIST MEMBE	
Manager Name Street Address Dity	S (NAMES AND ADI HMENT) []		Manager Name  Street Address  City		OT LIST MEMBE	
Manager Name Street Address Dity Manager Name	S (NAMES AND ADI HMENT) []		Manager Name  Street Address		OT LIST MEMBE	
Manager Name Street Address City	S (NAMES AND ADI HMENT) []		Manager Name  Street Address  City  Manager Name		OT LIST MEMBE	
Manager Name Street Address Dity Manager Name	S (NAMES AND ADI HMENT) []		Manager Name  Street Address  City		OT LIST MEMBE	
Manager Name Street Address Dity Manager Name	S (NAMES AND ADI HMENT) []		LIMITED LIABILITY COMPANY, IF A Manager Name  Street Address  City  Manager Name  Street Address	State	Zip	
Manager Name Street Address  City  Manager Name Street Address	S(NAMES AND ADD HMENT)	Zip	Manager Name  Street Address  City  Manager Name		OT LIST MEMBE	
Manager Name Street Address  City  Manager Name Street Address	S(NAMES AND ADDI HMENT) State	Zip	LIMITED LIABILITY COMPANY, IF A Manager Name  Street Address  City  Manager Name  Street Address	State	Zip	
Manager Name  Street Address  City  Manager Name  Street Address  City	State  State	Zip Zip	LIMITED LIABILITY COMPANY, IF A Manager Name  Street Address  City  Manager Name  Street Address	State	Zip	

## **FILED**

SEP 1 2 2012

File Date \_\_\_\_\_\_\_ Signature of Authorized Person

The Date \_\_\_\_\_\_ Signature of Authorized Person

Form No. 632 Revised: 01/2012