



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
135 W. River Street  
Providence, RI 02903-2015  
(401) 222-3010

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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)(2)) is subject to a penalty fee of \$25.00

1 ID No. 160870		2 Exact name of the limited liability company 263 Mount LLC			
3 State of Formation Rhode Island		4 Brief description of the character of the business which is actually conducted in Rhode Island Real estate holdings			
5 Principal office address 618 Greenville Road			City North Smithfield	State RI	Zip 02896
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert Pezza			Contact Title		
Street Address 618 Greenville Road			City North Smithfield	State RI	Zip 02896
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
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	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

160870

**FILED**

SEP 14 2012

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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

Robert Pezza

Print or Type Name of Authorized Person

File Date _____	<b>BY</b>
Check No. _____	
By: _____	
FOR SECRETARY OF STATE USE ONLY	