



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. <b>101666</b>		2. Exact name of the limited liability company <b>20 CENTERVILLE ROAD ASSOCIATES, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE MANAGEMENT.</b>			
5. Principal office address <b>20 CENTERVILLE ROAD, 1ST FLOOR</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	
6. HOME ADDRESS OF INDIVIDUAL OR ENTITY COMPANY MEMBER OR OTHER CONTACT PERSON					
Contact Name <b>S. CHRISTOPHER STOWE, JR.</b>		Contact Title <b>RESIDENT AGENT</b>			
Street Address <b>20 CENTERVILLE ROAD</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>S. CHRISTOPHER STOWE, JR.</b>		Manager Name <b>FRANCIS X. FLAHERTY</b>			
Street Address <b>20 CENTERVILLE ROAD</b>		Street Address <b>20 CENTERVILLE ROAD</b>			
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>B: RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED** 259  
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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 S. Christopher Stowe, Jr. 09/20/2012  
 Date  
**S. CHRISTOPHER STOWE, JR.**  
 Print or Type Name of Authorized Person