



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. 488213		2. Exact name of the limited liability company ST. AUGUSTINE MANAGEMENT LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. Principal office address 14 Starline Way		City Cranston	State RI	Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name OSSAMA LABIB			Contact Title MANAGER		
Street Address 833 OLD WARREN RD.		City SWANSEA	State MA	Zip 02777	
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 OSSAMA LABIB		Manager Name DOUAA GIRGIS			
Street Address 833 OLD WARREN RD		Street Address 833 Old Warren Rd.			
City SWANSEA	State MA	Zip 02777	City Swansea	State MA	Zip 02777
Manager Name LARRY MONET		Manager Name			
Street Address 41 Starline Way		Street Address			
City Cranston	State RI	Zip 02921	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 Form 642.					

ID # 000488213

FILED

SEP 21 2012

By *[Signature]*
CR # 1007

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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] 9/20/12
 Signature of Authorized Person Date
OSSAMA LABIB
 Print or Type Name of Authorized Person