

1. Entity ID No.

## 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.

2. Exact name of the limited liability company

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

614159	S ¢ +	P Prop	verties, LLC	_	
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
RT	Real E	Estate			
5. Principal office address 12 Sophia Lane			City Greenville	State	Zip 02828
	ED LIABILITY CO	MPANY AND NAME C	OR TITLE OF CONTACT PERSON	<u>l:                                    </u>	
Steven A. Maiorisi			Contact Title Member		
Street Address 12 Sophia Lane			Greenville	State RT	Zip O2828
7. LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT		SES) OF THE LIMITED	LIABILITY COMPANY, IF APPLI	CABLE - DO NO	TLIST MEMBERS
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					, <u>I</u>
This information is currently of	record in the Offi	ce of the Secretary of	State. Changes require filing Fo	эrm 642.	
FILED  SEP 2 4 2012  By	<u>")</u> 3/				
Check No By:			Under penalty of perjury, I de this report, including any act and that all statements cont Signature of Authorized Person SHEVEN	ecompanying school and herein are to	edules and statements, true and correct.  9-3/-12  Date
			Print or Type Name of Authoria	zed Person	

Form No. 632 Revised: 01/2012