

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

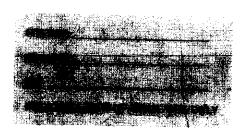
Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 1. Entity ID No.                                   | 2. Exact n  | ame of the limited lia | ability company                   |   |                     |
|--|---|------------------------|-----------------------------------|---|---------------------|
| 147442   | Silver S  | Springs Propert        | ies, LLC                          |   |                     |
| 3. State of Formation  Rhode Island                | Brief description of the character of business conducted in Rhode Island     Rental Property Management |                        |                                   |   |                     |
| 5. Principal office address 150 Silver Lake Avenue |   |                        | City<br><b>Wakefield</b>          | State<br><b>RI</b>  | Zip<br><b>02879</b> |
| Contact Name Russell Bertrand                      |   |                        | Contact Title Member              |   |                     |
| Street Address 150 Silver Lake Avenue              |   |                        | City<br>Wakefield                 | State<br>RI   | Zip<br><b>02879</b> |
| Manager Namo                                       |   |                        |                                   |   |                     |
| Manager Name                                       |   |                        | Manager Name                      |   |                     |
| Street Address                                     |   |                        | Street Address                    |   |                     |
| City   | State   | Zip                    | City                              | State   | Zip                 |
| Manager Name                                       |   |                        | Manager Name                      |   |                     |
| treet Address                                      |   |                        | Street Address                    |   |                     |
|  | State   | Zip                    | City                              | State   | Zip                 |
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| ity  |   |                        | etary of State. Changes require f | Marie Committee | ΣIP                 |

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Form No. 632 Revised: 01/2012 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

09/08/2012 Date

Russell Bertrand

Print or Type Name of Authorized Person