

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.

3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
RI	holdi	ng manager	ment and leasing of	f real estate			
5. Principal office address 144 Aldrich			City No Scituate	State RI	Zip 02857		
6. MAILING ADDRESS C	F LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE GE CONTAC	TPERSON:			
Contact Name			Contact Title	Contact Title			
Vincent N. Iannuzzi Jr.			member	member			
Street Address			City	State	Zip		
144 Aldrich F			No Scituate		02857		
7. LEST ALL MANAGERS (TX" BOX FOR ATTAC	S (NAMES AND ADI HMENT)	DRESSES) OF THE	LIMITED LIABILITY COMPANY	, if applicable - <u>Do</u>	WO'L STATEMBERS		
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
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8. RESIDENT AGENT IN	RHODE ISLAND			en compagnati (bese menec			

File Date Check No By:	FILED SEP 2 7 2017	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. Manual 9/9/2 Signature of Authorized Person Date	
FOR SECRETARY OF STATE USE ONLY	1260	Vincent N Iannuzzi Jr	member
	70/0	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012