



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3010

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**
in accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law
R.I.G.L. 7-16-66 (b)(c) is subject to a penalty fee of \$25.00.

1. ID No. 127390 2. Exact name of the limited liability company
ARMSTRONG PROPERTIES, LLC

3. State of Formation Rhode Island 4. Brief description of the character of the business which is actually conducted in Rhode Island
Buy, lease, finance, etc., real estate

5. Principal office address
151 North Brow Street City **East Providence** State **RI** Zip **02914**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:
Contact Name **Robert C. Armstrong, Jr.** Contact Title _____

Street Address **151 North Brow Street** City **East Providence** State **RI** Zip **02914**

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - **DO NOT LIST MEMBERS**
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)

Manager Name **Robert C. Armstrong, Jr.** Manager Name _____

Street Address **151 North Brow Street** Street Address _____

City **East Providence** State **RI** Zip **02914** City _____ State _____ Zip _____

Manager Name _____ Manager Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ 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 of Form 642 - R.I.G.L. 7-16-11

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED
OCT 02 2012
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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 *[Signature]* Date 9/21/12

Robert C. Armstrong, Jr.
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY