



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. 109533		2 Exact name of the limited liability company Roto Investments, LLC			
3 State of Formation RI		4 Brief description of the character of business conducted in Rhode Island Real Estate			
5 Principal office address 1343 Hartford Avenue		City Johnston		State RI	Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mark Rotondo		Contact Title Co-Manager			
Street Address 1343 Hartford Avenue		City Johnston		State RI	Zip 02919
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Mark Rotondo		Manager Name Steven Rotondo			
Street Address 1343 Hartford Avenue		Street Address 3399 Post Road # 12			
City Johnston	State RI	Zip 02919	City Warwick	State RI	Zip 02886
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 Form 642.					

FILED

OCT 15 2012

BY _____

FILED

OCT 15 REC'D

By 1301

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.

Steven M. Rotondo 10/06/12
Signature of Authorized Person Date

Steven M. Rotondo
Print or Type Name of Authorized Person