

## 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.		2. Exact name of the limited liability company						
134954	POLSKA	POLSKA PROPERTIES II, LLC						
3. State of Formation		Brief description of the character of business conducted in Rhode Island						
RHODE ISLAND	PROPER	PROPERTY OWNERSHIP, INVESTMENT, RENTAL MANAGEMENT						
5. Principal office address 29 TIOGUE AVENUE			City WEST WARWICK	State RI	Zip <b>02893</b>			
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:				
Contact Name JEAN A. BOULANGER			Contact Title ATTORNEY FOR PROCESS					
Street Address 1035 MAIN STREET			City COVENTRY	State <b>RI</b>	Zip <b>02816</b>			
7. LIST <u>ALL</u> MANAGERS ( ("X" BOX FOR ATTACHI	NAMES AND ADI	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - DO	NOT LIST 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			
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8. RESIDENT AGENT IN RI		<u> </u>						
Inis information is current	tly of record in th	e Office of the Secr	retary of State. Changes require filin	g Form 642.				

File Date	FILED	Under penalty of perjury, I declare and affirm this report, including any accompanying sch and that all statements contained herein are	nedules and statements.
Check No	OCT 2 2 <b>2012</b> 9108	Signature of Mutherized Person	10-/- 20/2 Date
FOR SECRETARY OF STATE USE ON		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012