



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. 145844		2. Exact name of the limited liability company 18-20 LUONGO MEMORIAL SQUARE, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. Principal office address 1447 WESTMINSTER STREET #1C		City PROVIDENCE	State RI	Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JON OZBEK		Contact Title			
Street Address P.O. BOX 25311		City PROVIDENCE	State RI	Zip 02905	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name JON OZBEK		Manager Name			
Street Address P.O. BOX 25311		Street Address			
City PROVIDENCE	State RI	Zip 02905	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 Form 642.					

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

OCT 23 2012

BY 522

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 **10/09/2012**

JON OZBEK
 Print or Type Name of Authorized Person