



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 <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("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

JON OZBEK

Print or Type Name of Authorized Person

10/09/2012

Date