



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
401.222.3040

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)(2c)) is subject to a penalty fee of \$25.00.

1. ID No. 148412		2. Exact name of the limited liability company FOURTEEN FIELD STREET, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUYING, SELLING, LEASING REAL ESTATE			
5. Principal office address 64 ORCHARD DRIVE		City CRANSTON	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name EDWARD J. IMPERATORE			Contact Title OPERATING MANAGER		
Street Address 64 ORCHARD DRIVE		City CRANSTON	State RI	Zip 02920	
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) <input type="checkbox"/>					
Manager Name EDWARD J. IMPERATORE			Manager Name FELICIA IMPERATORE		
Street Address 64 ORCHARD DRIVE		Street Address 200 EAST 5TH STREET, APT 7G			
City CRANSTON	State RI	Zip 02920	City NEW YORK	State NY	Zip 10022
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).

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.

Edward J. Imperatore Oct 18-12
Signature of Authorized Person Date

EDWARD J. IMPERATORE
Print or Type Name of Authorized Person

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

FILED
OCT 23 2012
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