



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. 103371		2. Exact name of the limited liability company Commerce Park Associates 5, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Commercial Development - Real Estate Purchasing and Sales			
5. Principal office address One Realty Way		City East Providence	State RI	Zip 02914	
6. MAIN OFFICE OF THE LIMITED LIABILITY COMPANY AND NAME OF THE CONTACT PERSON:					
Contact Name J. Robert Pesce		Contact Title Manager			
Street Address One Realty Way		City East Providence	State RI	Zip 02914	
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 J. Robert Pesce		Manager Name			
Street Address One Realty Way		Street Address			
City East Providence	State RI	Zip 02914	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

(NOV 28 2012)

By 3117

Kmc

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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.

J. Robert Pesce 11-21-12
 Signature of Authorized Person Date
J. Robert Pesce

Print or Type Name of Authorized Person