

## 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 nai	2. Exact name of the limited liability company					
162028	THE MU	SIC COMPLEX	RI, LLC				
3. State of Formation	4. Brief des	cription of the charac	cter of business conducted in Rho	de Island			
RI	•	real estate	acquisition, hold	ing and manag	gement		
5. Principal office address 960 Greenvill			City Greenville	State RI	Zip	02828	
6. MAILING ADDRESS O	F LIMITED LIABILI	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name Rudolph D'Agostino Street Address 960 Greenville Avenue			Contact Title <b>member</b>				
			City Greenville	State <b>RI</b>	Zip	02828	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT)		LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST	MEMBERS	
Manager Name	*.	-	Manager Name			ຜ່	
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip	0.	
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
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This information is curre	ently of record in the	Office of the Secr	etary of State. Changes require	filing Form 642.			

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Form No. 632 Revised: 01/2012 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

[]- 25-/2 Date

Rudolph D'Agostino, Member

Print or Type Name of Authorized Person