



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.**

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|---|-------|---|--------------------|---------------------|-----|
| 1. Entity ID No. 142118 | | 2. Exact name of the limited liability company 494 Douglas Avenue, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Management of Real Estate | | | |
| 5. Principal office address 226 South Main Street | | City Providence | State RI | Zip 02903 | |
| 6. CONTACT NAME, ADDRESS, CITY, STATE AND ZIP OF OFFICE OF AUTHORIZED PERSON | | | | | |
| Contact Name Darren F. Corrente | | Contact Title Attorney | | | |
| Street Address 226 South Main Street | | City Providence | State RI | Zip 02903 | |
| 7. LIST ALL MANAGERS, OWNERS AND ADDRESSES OF THE LIMITED LIABILITY COMPANY (SEPARABLE DO NOT LIST MEMBERS OR EXECUTIVE OFFICERS) | | | | | |
| Manager Name None | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT GENERAL (REQUIRED) | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

FILED

DEC 24 2012

By *anne*

CA #3855

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.

Darren F. Corrente 12/13/12
 Signature of Authorized Person Date

Darren F. Corrente
 Print or Type Name of Authorized Person