

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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. 142118		me of the limited lial glas Avenue, L				
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	
Contact Name Darren F. Corrente	चाराणम्ब चत्रीहर	र जनगणनामः वस्त	Contact Title Attorney	ीव:स्कार		
Street Address 226 South Main Street			City Providence	State RI	Zip 02903	
र्राधिक्ष (अपो प्राप्तकार्यक्रमण्डला १९४२ - संबोधिक निवासकार्यक्रमण	্যত্ত্ব শাহ্রত কর্মাট কর্মট এটার্কা	গ্রামকরেরও তাদ লগ্ন	। वार्यक्रिक्क । वर्षका । व्यक्त स्थापी र स्थाप	กรี/พากาลเต _{็นไร} เรื่อ กังจั	kor usi mamisto	
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্যানস্থানিয়া প্ৰান্ত বাংলা This information is curren		e Office of the Sec	retary 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

Date

Darren F. Corrente

Print or Type Name of Authorized Person