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 name of the limited liability company |
|---|---|
| *15171* | *PARK ASSOCIATES LLC* |

| 3. State of Formation | 4. Brief description of the character of business conducted in Rhode Island |
|---|---|
| *RI* | *APARTMENT RENTALS* |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| *155 PARK AVE* | *CRANSTON* | *RI* | *02905* |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON**

| Contact Name *RICHARD EDMANDS* | Contact Title *MEMBER* |
|---|---|
| Street Address *441 MORRIS AVE* | City *PROV* · State *RI* · Zip *02906* |

**7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (X BOX FOR ATTACHMENT) ☐**

| Manager Name | | | 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 AGENT IN RHODE ISLAND**

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

**FILED** *1220*

JAN 1 8 2013

BY *D-107090*

2013 JAN 18 PM 12: 20
SECRETARY OF STATE
CORPORATIONS DIV

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 *1-17-13*

*RICHARD EDMANDS*
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012