



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. <u>000542232</u> | | 2. Exact name of the limited liability company <u>RE RI 175 LLC</u> | |
| 3. State of Formation <u>RI</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Real Estate Investing</u> | |
| 5. Principal office address <u>63 Boyd ST</u> | | City <u>Westerly</u> | State <u>RI</u> |
| | | Zip <u>02472</u> | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name <u>Benneth Morrell</u> | | Contact Title <u>Managing member</u> | |
| Street Address <u>63 Boyd ST</u> | | City <u>Westerly</u> | State <u>RI</u> |
| | | Zip <u>02472</u> | |
| 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 | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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. | | | |

2013 JAN 25 PM 12:02

FILED 1202

JAN 25 2013

BY RL180518

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.

Benneth M Morrell
Signature of Authorized Person

1-23-13
Date

Benneth M Morrell
Print or Type Name of Authorized Person