



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 400568			2. Exact name of the Corporation Limerock Investment Corporation		
3. Principal office address One Smith Hill, Suite 200			City Providence	State RI	Zip 02903
4. Business Phone No. (401) 421-1910			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Real Estate Commercial Leasing and Development					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Romolo A. Marsella, Jr.			Vice-President Name Carolyn R. Marsella		
Street Address One Smith Hill, Suite 200			Street Address One Smith Hill		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Romolo A. Marsella, Jr.			Treasurer Name Romolo A. Marsella, Jr.		
Street Address One Smith Hill, Suite 200			Street Address One Smith Hill, Suite 200		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	common	\$0.01 par value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 05 2013

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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.

John M. Boehnert 02/04/2013
Signature of Authorized Representative Date

John M. Boehnert, Legal Counsel

Print or Type Name of Authorized Representative