

1. Entity ID No.

000527957

3. State of Formation

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.

2. Exact name of the limited liability company

EXIT EIGHT R.E., LLC

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

4. Brief description of the character of business conducted in Rhode Island

ENGAGED IN SELLING, RENTING, LEASING & MANAGING REAL ESTATE PROPERTY

5. Principal office address			City	State	Zip 02893
153 JAMES P MURPHY HIGHWAY, SUITE G			WEST WARWICK	RI	02033
5. MAILING ADDRESS Contact Name	OF LIMITED LIABILITY	COMPANY AND N	AME OR TITLE OF CONTACT PERS Contact Title	ion:	
JOSEPH A ACCI	TTA		Contact nue		
Street Address 153 JAMES P MURPHY HIGHWAY			City WEST WARWICK	State RI	Zip 02893
7. LIST <u>ALL</u> MANAGE ("X" BOX FOR ATT		RESSES) OF THE LI	MITED LIABILITY COMPANY, IF AP	PLICABLE - DO	NOT LIST MEMBERS
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
B. RESIDENT AGENT	IN RHODE ISLAND				
		Office of the Secret	tary of State. Changes require filing	j Form 642.	
		ILED 1 4 2013			
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 statement and that all statements contained berein are true and correct. Signature of Authorized Person Date Joseph A. Accetta Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012