



**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>163243</u>		2. Exact name of the limited liability company <u>ROJO 8366, LLC</u>			
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Rental of Commercial Buildings</u>			
5. Principal office address <u>38 Bath Street</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	
Contact Name <u>Allan D. Cohen</u>		Contact Title <u>President</u>			
Street Address <u>38 Bath Street</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	
7. LIST THE NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY OFFICERS AND 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
8. RESIDENT AGENT OF THE STATE OF RHODE ISLAND <u>14 Kingfisher Drive Coventry 02816</u>					

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

**FILED**

MAR 21 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.

Allan D. Cohen

2-28-13

Signature of Authorized Person

Date

Allan D. Cohen President

Print or Type Name of Authorized Person