



**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. <b>135851</b>		2. Exact name of the limited liability company <b>Tri-Atlantic Property Management, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Purchase, Sell and Manage Real Estate</b>			
5. Principal office address <b>14 Betty Pond Road</b>		City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>	
<b>8. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON</b>					
Contact Name <b>Steven Lombardo</b>		Contact Title <b>Member</b>			
Street Address <b>14 Betty Pond Road</b>		City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>	
<b>7. LIST ALL MANAGERS NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS. (X) BOX FOR ATTACHMENT</b>					
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>9. PRESIDENT/AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**MAR 29 2013**

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SECRETARY OF STATE



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

**Steven Lombardo**

Print or Type Name of Authorized Person

*3-29-13*