



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>000136016</u>		2. Exact name of the limited liability company <u>East Greenwich Partners, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Rental Offices - commercial to acquire AND invest in real property</u>			
5. Principal office address <u>461 Main St.</u>		City <u>E.G</u>	State <u>RI</u>	Zip <u>02818</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name <u>Al Marciano</u>		Contact Title <u>Agent</u>			
Street Address <u>18 Imperial Pl. Suite 1G</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</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 <u>Ann Marie DaSilva</u>		Manager Name			
Street Address <u>PO Box 610</u>		Street Address			
City <u>EG</u>	State <u>RI</u>	Zip <u>02818</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	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.					

FILED

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BY [Signature] 1:02

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 DIVISION OF BUSINESS SERVICES

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 By _____
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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.

Signature of Authorized Person [Signature] Date 4/2/13
 Print or Type Name of Authorized Person Ann M. DaSilva