



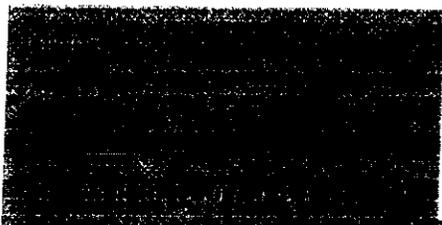
**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013**

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>90371</b>		2. Exact name of the limited liability company <b>WOONSOCKET REALTY, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island ownership and development of real estate and any other lawful purpose			
5. Principal office address <b>308 Cumberland Street</b>			City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895-0000</b>
Contact Name <b>Abilio Raposo</b>		Contact Title <b>Member</b>			
Street Address <b>308 Cumberland Street</b>			City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895-0000</b>
<b>LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBER-EMPLOYEES FOR EXTRA PAYMENT.</b>					
Manager Name <b>N/A</b>			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</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					



**FILED**  
 AUG 13 2013  
 6952

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.

*Abilio Raposo* \_\_\_\_\_ 09/01/2013  
 Signature of Authorized Person Date

By \_\_\_\_\_  
 Print or Type Name of Authorized Person

Member