

## 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

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## 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.		2. Exact name of the limited liability company					
84895	SAGE RI	SAGE REALTY LLC					
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island     REAL ESTATE					
Rhode Island	REAL ES						
5. Principal office address 24 Althea St.			City Providence	State <b>RI</b>	Zip <b>02907</b>		
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:			
Contact Name Guido R. Salvadore	, Esq.		Contact Title Registered Agent	State   RI			
Street Address 10 Weybosset Street	et, Suite 303		City Providence		Zip <b>02903</b>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name  David J. Salvadore			Manager Name Steven M. Salvadore				
Street Address 24 Althea St.		******	Street Address 24 Althea St.				
City <b>Providence</b>	State RI	Zip <b>02907</b>	City <b>Providence</b>		<sup>Zip</sup> <b>02907</b>		
Manager Name	1	1	Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R							
This information is currer	tly of record in the	e Office of the Secret	tary of State. Changes require	filing Form 642.			

File-Date	FILED	Under penalty of perjury, I declare and affirm that I this report, including any accompanying schedules	s and statements,
Check No	AUG 1 5 2013	and that all statements contained therein are true a  Never M. Salvorless Signature of Authorized Person	Bate
By:	0718	Steven M. Salvadore, Manager	Date
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012