

## 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. 99932		2. Exact name of the limited liability company 399 KILVERT STREET, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	ACQUIR	ACQUIRE, OWN, DEVELOP, MANAGE, MORTGAGE, ENCUMBER REAL ESTATE ETC					
5. Principal office address 133 OLD TOWER HI	ILL ROAD, STE	<b>⊒.</b> 1	City State RI		Zip <b>02879</b>		
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMEANY AND NAME	OR TITLE OF CONTACT P	ERSON:			
Contact Name KENNETH WIGHTM.	WIGHTMAN		Contact Title MANAGER				
Street Address 399 KILVERT STRE	reet Address 899 KILVERT STREET		City WARWICK	State <b>RI</b>	02886-1344		
7. LIST <u>all</u> managers ("X" box for attach	(NAMES AND ADI MENT) [_]	RESSES) OF THE LIMITE	D LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name KENNETH P. WIGHTMAN			Manager Name				
Street Address 399 KILVERT STREE	ΞT		Street Address				
City WARWICK	State <b>RI</b>	Zip 02886-1344	City	State	Zip		
Manager Name			Manager Name				
Street Address	SS		Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R							
This Information is curren	itly of record in th	e Office of the Secretary	of State. Changes require f	ling Form 642.			

	FILED		
File Date Check No.	AUG 2 1 2013	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedu and that all statements contained herein are true	les and statements, and correct.
BV: BY	1418	Signature of Authorized Person	Date
		KENNETH P. WIGHTMAN	
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012