

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.

3. State of Formation RHODE ISLAND LIKE KIND EXCHANGE 5. Principal office address 133 OLD TOWER HILL ROAD, SUITE 1 Contact Name JOHN F. KENYON Street Address City MAKEFIELD RI Contact Title MEMBER Street Address City Manager Name Manager Name Street Address City State Zip City Manager Name Manager Name Street Address City State Zip City State Zip City State City Manager Name Manager Name Street Address Street Address City State Zip State Zip State Zip State Zip City State Zip	1. Entity ID No.		2. Exact name of the limited liability company						
RHODE ISLAND LIKE KIND EXCHANGE 5. Principal office address 133 OLD TOWER HILL ROAD, SUITE 1 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title MEMBER City MAKEFIELD State RI City WAKEFIELD RI Contact Title WAKEFIELD RI Contact Title WAKEFIELD RI Contact Title WAKEFIELD RI Contact Title WAKEFIELD RI City WAKEFIELD RI City WAKEFIELD RI City State RI City WAKEFIELD RI City State RI Contact Thee RI City State RI	794336	SEASID	SEASIDE EXCHANGE COMPANY, LLC						
5. Principal office address 133 OLD TOWER HILL ROAD, SUITE 1 Contact Name JOHN F. KENYON Street Address 133 OLD TOWER HILL ROAD, STE. 1 City MEMBER City WAKEFIELD Contact Title MEMBER City WAKEFIELD Contact Title MEMBER City WAKEFIELD City City WAKEFIELD City City State Cit	3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island						
133 OLD TOWER HILL ROAD, SUITE 1 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name	RHODE ISLAND	LIKE	E KIND EXC	EXCHANGE					
Contact Name JOHN F. KENYON Street Address 133 OLD TOWER HILL ROAD, STE. 1 City WAKEFIELD RI Zip 028' 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address Street Address Street Address Street Address City State Zip City State Zip City State Zip City State Zip Street Address		ILL ROAD, SU	ITE 1			Zip 02879			
Street Address	6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OF TITLE OF CONTACT P	ERSON:				
133 OLD TOWER HILL ROAD, STE. 1 WAKEFIELD RI 028' 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Street Address City State Zip City State Zip State Zip State Zip State Zip									
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City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND				Manager Name					
Manager Name Street Address Street Address City State Zip City State Zip State Zip	Street Address			Street Address					
Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	City	State	Zip	City	State	Zip			
City State Zip City State Zip	lanager Name			Manager Name					
8. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address					
	City	State	Zip	City	State	Zip			
	8#RESIDENT/AGENT/INF	HODE ISLAND							
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is currer	ntly of record in th	e Office of the Seci	retary of State. Changes require f	ling Form 642.				

File Date		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
Check·No	FILED	and that all statements contained herein are	true and correct. $8/21/2015$	
By:	AUG 2 2 2013	Signature of Authorized Person JOHN F. KENYON	Date	
FOR SECRETARY OF STATE USE ONLY	30386	Print or Type Name of Authorized Person	 -	

Form No. 632 Revised: 01/2012