

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.	2. Exact nam	2. Exact name of the limited liability company					
92017	MA	,	o LLC				
3. State of Formation 4. Brief description of the character of business conducted in Rhode Island							
R.I.	Pho	perty	mangeme	ent			
5. Principal office address 13 CIATKE STREET			SAMESTOW	n State RI	02835		
B HAT HE ADDRESS	S OF LIMITED LIABILIT	Y COMPANY AND		CT PERSON:			
Georgia Dennen			Contact Title Georgia Dennen				
3 CLArke Street			Jamestou	on RT	Zip 02835		
7. LIST ALL MANAGE	RS (NAMES AND ADD ACHMENT) [RESSES) OF THE	LIMITED LIABILITY COMPAI	NY, IF APPLICABLE - DO I	NOT LIST MEMBERS		
Manager Name			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		
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.							
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FILED

	AUG 2 9 2013 Under penalty of perjury, I declare and affirm that I to	nave examined		
File Date	BY 108 and that all statements contained herein are true and correct.			
Check No	Slewgen Q. Wennen Signature of Authorized Person	8-9-13		
Ву:	Ä	Date 8-9-13		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person	8-7-13		

Form No. 632 Revised: 01/2012