



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. <u>793684</u>		2. Exact name of the limited liability company <u>INNOVATION PLAZA LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate & Property Management</u>	
5. Principal office address <u>463 Worcester Rd, Ste. 104</u>		City <u>Framingham</u>	State <u>MA</u>
		Zip <u>01701</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Rajender Singh</u>		Contact Title <u>Owner and Sole Member LLC</u>	
Street Address <u>463 Worcester Rd, Ste. 104</u>		City <u>Framingham</u>	State <u>MA</u>
		Zip <u>01701</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (“X” BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <u>Ka Singh</u>		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND <u>As follows</u>			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

Mr. Pierre Rondeau
Attorney at Law
P.O. Box 791
Suite 14, 1 Social Street
Woonsocket, RI 02895
PH # 401-769-0737
FAX # 401-766-8445

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.

File Date _____

Check No _____

By _____

FOR SECRETARY OF STATE USE ONLY

FILED

AUG 30 2013

Signature of Authorized Person

Date

Rajender Singh
Print or Type Name of Authorized Person

8/20/13

By mne
CL #1088