

## 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

Filling 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				
164978	1102 Cra	1102 Cranston Realty, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Real Est	Real Estate Holding Company				
5. Principal office address 1102 Cranston Street			City Cranston	State RI	Zip <b>02910</b>	
6. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Edward Imperatore			Contact Title Member			
Street Address 1102 Cranston Street			City Cranston	State RI	Zip <b>02910</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	PRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name NONE			Manager Name NONE			
Street Address			Street Address		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
City	State	Zip	City	State	Zip	
Manager Name NONE	<u> </u>		Manager Name NONE			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
This information is curren	itly of record in th	e Office of the Sec	retary of State. Changes require	filing Form 642	· · · · · · · · · · · · · · · · · · ·	

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AUG 3 0 2013  BY 0 204885				
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——————————————————————————————————————	R 285			
File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,			
Check No	and that all statements contained herein are true and correct.			
By:	Signature of Authorized Person Date			
FOR SECRETARY OF STATE USE ONLY	Edward Imperatore, Member			
The second secon	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012