

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.

154170	2. Exact name of the limited liability company					
10-1110	MACHADO REALTY, LLC					
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island				
	REAL ESTATE RENTALS					
RHODE ISLAND						
5. Principal office address			City	State	Żip	
22 CENTER STREET			BRISTOL	RI	02809	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	AME OF TITLE OF CONTACT	PERSON:	see allos en de	
Contact Name			Contact Title	Contact Title		
RAUL MACHADO			MANAGER	MANAGER		
Street Address			City	State	Zip	
22 CENTER STREET			BRISTOL	RI	02809	
7. LIST <u>all</u> Managers ("X" box for attach!	NAMES AND ADD VIENT) 🔲	RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS.	
Manager Name			Manager Name	Manager Name		
RAUL MACHADO						
Street Address			Street Address	Street Address		
22 CENTER STREET						
City BRISTOL	State RI	Zip 02809	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8# RESIDENT#AGENT/IN/RP						
This information is current	lly of record in the	Office of the Secret	ary of State. Changes require	e filing Form 642.		

FILED

SEP 09 2013

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

Date

RAUL MACHADO, MANAGER

Print or Type Name of Authorized Person