

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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.

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1. Entity ID No.	2. Exact name of the limited liability company 57 Pawtucket Avenue LLC				
271482	57 Pawtucke	et Avenue LL(U		
3. State of Formation	4. Brief description	on of the characte	r of business conducted in Rhod	le Island	
Rhode Island	Investment, ownership and development of real estate.				
5. Principal office address 259 East Avenue			City Pawtucket	State RI	Zip 02860
6. MAILING ADDRESS OF LIMI	TED LIABILITY CO	OMPANY AND NA	ME OR TITLE OF CONTACT I	PERSON:	
Contact Name	IED CIADICIT I O	JANTARII ARD IN	Contact Title		·
William M. Kapos			Manager		
Street Address 259 East Avenue			City Pawtucket	State RI	Zip 02860
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMEN"	IES AND ADDRES	SES) OF THE LII	MITED LIABILITY COMPANY, I	F APPLICABLE - DO	NOT LIST MEMBERS
Manager Name William M. Kapos			Manager Name		
Street Address 259 East Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHOD	FISLAND	<u></u>			23 00
This information is currently of		ice of the Secret	ary of State. Changes require	filing Form 642.	-
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File Date			this report, including		irm that I have examined schedules and statement are true and correct.
Check No			Well I	y. Kake	
Ву:			Signature of Authorize	ed Person	Date
			William M. Kapos		
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012