

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. 76723		2. Exact name of the limited liability company Amalia Shevlin Fund, LLC				
3. State of Formation		•	ter of business conducted in Rho	de Island		
Rhode Island	To own a	nd manage pro	operty			
5. Principal office address 112 Telmore Road			City Warwick	State RI	Zip 02818	
,	IMITED LIABILIT	V COMPANY AND			02010	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N Contact Name Brian A. Grimes			Contact Title Authorized Person			
Street Address 112 Telmore Road			City Warwick	State RI	Zip 02818	
LIST ALL MANAGERS (I ("X" BOX FOR ATTACHA		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name N/A			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
/lanager Name	I	<u> </u>	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. RESIDENT AGENT IN RE	IODE ISLAND	·			<u> </u>	
his information is current	ly of record in the	Office of the Secr	etary of State. Changes require	e filing Form 642.		
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SEP 1 0 2013						
BY M 20	5416				σ <u>`</u> π	
File Date			this report, including	erjury, I declare and aff ng any accompanying s ents contained herein a	irm that I have examined schedules and statements, are true and correct.	
Check No			Callet		116 2.30	
Ву:	,		Signature of Authoriz	/	Date	
FOR SECRETARY OF STA	ATE USE ONLY		Brian A. Grime			
CHOCONCIANT OF SH			Print or Type Name of	of Authorized Person		

Form No. 632 Revised: 01/2012