

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.

1. Entity ID No.	2. Exact nam	Exact name of the limited liability company Matt Associates, L.L.C. Brief description of the character of business conducted in Rhode Island Real Estate Holdings				
99402	Matt Ass					
3. State of Formation RHODE ISLAND						
5. Principal office address 103 South Bay Drive			City Narragansett	State RI	Zip 02882	
STANTANGARDHESSOFIEIMHED EINGELINGCOMPANYANDIN Contact Name A. Augustine Andolfo			Contact Title Member			
Street Address 216 Weybosset Stre	et		City Providence	State RI	Zip 02903	
7. LIST <u>aee</u> Managers ("X" box forattagh	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. HESIDENT AGENTIME	HODE ISLAND		3 Kan 18 Carlotte	Han Form 643		
This information is curre	ntly of record in th	e Office of the Sec	retary of State. Changes require f	iiing roini 042.		

·· File Date	FILED	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.
CHeck No.	SEP 1 0 2013	Signature of Authorized Person Date
By: P	3336	A Augustine Andolfo Member
FOR SEGRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012