



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. 000488174		2. Exact name of the limited liability company Perry Avenue Realty, LLC.			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real estate management and any other lawful activity.			
5. Principal office address 85 Perry Avenue		City Warwick	State RI	Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name James N. Poulos		Contact Title Manager			
Street Address 85 Perry Avenue		City Warwick	State RI	Zip 02888	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name James N. Poulos		Manager Name			
Street Address 85 Perry Avenue		Street Address			
City Warwick	State RI	Zip 02888	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED ←

SEP 13 2013

BY Ch 205806

2013 SEP 13 PM 1:35
 OFFICE OF THE SECRETARY OF STATE
 CORPORATION DIVISION

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

James N. Poulos
 Signature of Authorized Person

9/13/13
 Date

James N. Poulos

Print or Type Name of Authorized Person