

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. 534236 | 2. Exact name of the limited liability company Marvin Street, LLC | | | | | | | | |
|---|--|---|---------------------------------|--------------------|---------------------|--|--|--|--|
| 3. State of Formation Rhode Island | Acquire | 4. Brief description of the character of business conducted in Rhode Island Acquire entity and/or various real property interests, conduct all activities related, necessary or incidental thereto. | | | | | | | |
| 5. Principal office address 5 Cathedral Square | | | City Providence | State RI | Zip 02903 | | | | |
| 6. MAILING ADDRESS OF | LIMITED LIABILIT | TY COMPANY AND NA | ME OR TITLE OF CONTACT P | ERSON: | | | | | |
| Contact Name Robert R. Gaudreau, Jr. | | | Contact Title | | | | | | |
| Street Address 5 Cathedral Square | | | City Providence | State RI | Zip 02903 | | | | |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | | RESSES) OF THE LI | MITED LIABILITY COMPANY, IF | APPLICABLE - DO | NOT LIST MEMBERS | | | | |
| Manager Name Cathedral Developm | ent Group, Inc | ······································ | Manager Name | | .,,,, | | | | |
| Street Address 5 Cathedral Square | | | Street Address | | | | | | |
| City Providence | State RI | Zip 02903 | City | State | Zip | | | | |
| Manager Name | | | Manager Name | | | | | | |
| Street Address | | | Street Address | | | | | | |
| City | State | Zip | City | State | Zip | | | | |
| 8. RESIDENT AGENT IN R | HODE ISLAND | | | | | | | | |
| This information is curren | tly of record in the | Office of the Secreta | ary of State. Changes require f | iling Form 642. | | | | | |
| | | | | | 8 60 | | | | |

SEP 1 3 2013 By On 205840

| File Date | | | |
|--------------|------------------------|--|--|
| Check No | 9930 | | |
| Ву: | | | |
| FOR SECRETAL | DV OE STATE LISE ONI V | | |

Form No. 632 Revised: 01/2012

| Under penalty of perjury, I declare a | nd affirm that | I have ex | amine | d |
|---------------------------------------|----------------|--|-------|------|
| this report, including any accompan | ying scheduk | es and st | ateme | nts, |
| and that all statements contained he | erein are true | and corre | ect. | Ĺ |
| RMKO | | 91 | 13 | 13 |
| Signature of Authorized Person | | —————————————————————————————————————— | ate | F- |
| - A | | Λ | | |

Print or Type Name of Authorized Person
Council Development Group, Inc.