

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

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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. 108462 | | ne of the limited liabilit st Road Real Esta | | | |
|--|----------------------|---|-------------------------------------|--|--|
| 3. State of Formation | 4. Brief desc | ription of the characte | r of business conducted in Rho | de Island | |
| Rhode Island | | ind lease real est | | | |
| 5. Principal office address 566 Tollgate Road | | | City Warwick | State RI | Zip 02886 |
| MAILING ADDRESS OF | FLIMITED LIABILIT | Y COMPANY AND N | AME OF TITLE OF CONTACT | PEFSÓN: | |
| ontact Name Peter A. Koch | | | Contact Title | | |
| Street Address 566 Tollgate Road | | | City Warwick | State RI | Zip 02886 |
| LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | | RESSES) OF THE LI | MITED LIABILITY COMPANY, | IF APPLICABLE - DO | NOT LIST MEMBERS |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| Dity | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| Dity | State | Zip | City | State | 4 |
| RESIDENT AGENT IN | RHODE ISLAND | | 4 . | | 교 목록 |
| | | e Office of the Secret | ary of State. Changes require | filing Form 642. | -, 52 |
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| | BY | D2051 | 317 | | |
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| | | | Under penalty of pe | rjury, I declare and aff | firm that I have examined |
| File Date | A CALL OF THE PARTY. | | this report including | g any accompanying nts contained herein | schedules and statemen are true and correct. |
| Check No | | | Vitu | Kul | 9/8/1 |
| By: | | | Signature of Authorized Person Date | | |
| | | | Peter A. Koch, Manager | | |
| FOR SECRETARY OF S | TATE USE ONLY | | | | |

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012