State of Rhode Island and Providence Plantations Fee: \$50.0 Office of the Secretary of State			
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Limited Liability Comp Annual Report Filing Period: September 1 -			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2013			
1. ID No. <u>000155170</u>			
2. Exact Name of the Limited Liability Company <u>TwoFifty, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
REAL ESTATE			
5. Principal Office Addres	SS		
	MAIN STREET WTUCKET State: <u>R</u>	<u>I</u> Zip: <u>02860</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	^{Fitle:} <u>MAIN STREET</u> <u>VTUCKET</u> State: <u>RI</u>	Zip: <u>02860</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name		dress
	First, Middle, Last, Suffix	Address, City or Town	, State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
MICHAEL LOZANO 250 MAIN STREET PAWTUCKET, RI 02860			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			

Signed this 16 Day of September, 2013 at 6:31:45 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>MICHAEL LOZANO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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