



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. 156585		2. Exact name of the limited liability company Hartford Avenue Realty Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO ACQUIRE, OWN, OPERATE, DEVELOP, LEASE AND DEAL IN REAL PROPERTY			
5. Principal office address 383 SMITHFIELD AVENUE		City PAWTUCKET		State RI	Zip 02860
6. FILING ADDRESS (IF DIFFERENT FROM 5) AND NAME OF PERSON TO WHOM REPORT IS SENT					
Contact Name GUIDO J. PETROSINELLI		Contact Title MANAGER OF MEMBER			
Street Address 383 SMITHFIELD AVENUE		City PAWTUCKET		State RI	Zip 02860
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		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. 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 *mmc*
CA #1988

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.

Guido J. Petrosinelli *8/30/13*
Signature of Authorized Person Date

GUIDO J. PETROSINELLI

Print or Type Name of Authorized Person