



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. 274426 | | 2. Exact name of the limited liability company RAJ Holdfast II, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Real estate | | | |
| 5. Principal office address PO Box 95 | | City New Shoreham | State RI | Zip 02807 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Eric Grohsgal | | | Contact Title Manager | | |
| Street Address 1248 Michigan Avenue | | City Cincinnati | State OH | Zip 45208 | |
| 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 Eric Grohsgal | | Manager Name | | | |
| Street Address 1248 Michigan Avenue | | Street Address | | | |
| City Cincinnati | State OH | Zip 45208 | 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. | | | | | |

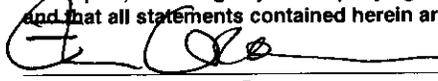
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 SECRETARY OF STATE
 CORPORATIONS DIV

FILED
 SEP 20 2013
 By 49-206381
A.A.

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.

 17 SEP 13
 Signature of Authorized Person Date
Eric Grohsgal
 Print or Type Name of Authorized Person