

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.		2. Exact name of the limited liability company												
111756	Byzantir	ne of Rhode Islan	d, LLC											
3. State of Formation	4. Brief des	cription of the characte	r of business conducted in Rhod	e Island										
RI	real esta	te												
5. Principal office address 201 Smith Street			City Providence	Zip 02908										
6 MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:										
Contact Name Periklis Koutsouris			Contact Title Manager City State Zip											
Street Address 70 Withington Road	-	,	City Newton											
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACH	NAMES AND ADD	PRESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS									
Manager Name Periklis Koutsouris		A CONTRACTOR OF THE CONTRACTOR	Manager Name											
Street Address 70 Withington Road		- Marian	Street Address	(1- s										
City Newton	State MA	Zip 02460	City	State	Zip									
Manager Name			Manager Name											
Street Address		***************************************	Street Address											
City	State	Zip	City	City State										
8. RESIDENT AGENT IN RI														
This information is current	lly of record in the	e Office of the Secret	ary of State. Changes require t	iling Form 642.										

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等に最後表現的問題。特別的問題

Form No. 632 Revised: 01/2012 FILED

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, nts contained herein are true and corr

Date

Periklis Koutseuris

Print or Type Name of Authorized Person