



**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. <b>135436</b>		2. Exact name of the limited liability company <b>FOUR SITE LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>OWNERSHIP OF REAL ESTATE</b>			
5. Principal office address <b>1170 PONTIAC AVENUE</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	
Contact Name <b>JOSEPH RAHEB</b>		Contact Title <b>ATTORNEY</b>			
Street Address <b>650 WASHINGTON HWY.</b>		City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	
Manager Name <b>CRAIG T. BROWN</b>		Manager Name			
Street Address <b>1170 PONTIAC AVENUE</b>		Street Address			
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

**FILED** 228

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BY D. 206696

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 DEPARTMENT OF STATE  
 CORPORATIONS DIV.

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.

  
 Signature of Authorized Person

Date

**CRAIG T. BROWN**

Print or Type Name of Authorized Person