



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>116133</b>		2. Exact name of the limited liability company <b>TWO DIAMOND ASSOCIATES LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE OWNERSHIP AND DEVELOPMENT</b>			
5. Principal office address <b>600 LORING AVENUE</b>		City <b>SALEM</b>	State <b>MA</b>	Zip <b>01970</b>	
Contact Name <b>ANDREW B. ROSE</b>		Contact Title			
Street Address <b>600 LORING AVENUE</b>		City <b>SALEM</b>	State <b>MA</b>	Zip <b>01970</b>	
Manager Name <b>ANDREW B. ROSE</b>		Manager Name <b>MARK L. KLAMAN</b>			
Street Address <b>600 LORING AVENUE</b>		Street Address <b>600 LORING AVENUE</b>			
City <b>SALEM</b>	State <b>MA</b>	Zip <b>01970</b>	City <b>SALEM</b>	State <b>MA</b>	Zip <b>01970</b>
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.					

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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

**ANDREW B. ROSE**

Print or Type Name of Authorized Person

Date