



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. <u>540869</u>		2. Exact name of the limited liability company <u>3 BRANCH LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE HOLDINGS</u>	
5. Principal office address <u>334 BRANCH AVE</u>		City <u>PROVIDENCE</u>	State <u>RI</u> Zip <u>02904</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>SHAWN HARRINGTON</u>		Contact Title <u>MEMBER</u>	
Street Address <u>334 BRANCH AVE.</u>		City <u>PROVIDENCE</u>	State <u>RI</u> Zip <u>02904</u>
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	City	State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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.			

2013 SEP 26 AM 10:54  
SECRETARY OF STATE  
CORPORATIONS DIV

FILED

SEP 26 2013

By 49-206827

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.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person