

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. 127061		2. Exact name of the limited liability company RosenHouse, LLC					
State of Formation		Brief description of the character of business conducted in Rhode Island Real Estate					
5. Principal office address 1120 Connecticut Ave. NW, Suite 421			City Washington	State DC	Zip 20036		
6 MAILING ADDRESS (Contact Name Henry M. Polmer	DE IMITED LIABILI	ry Company and	NAME OF TRUE OF COATACT P Contact Title	State DC 29036 ERSON: State DC 20016 APPLICABLE - 20 NOT LIST MEM State Zip			
Street Address 3817 Fessenden S	treet NW		City Washington		Zip 20016		
7. LIST ALL MANAGER ("X" BOX FOR ATTAC	S (NAMES AND AD) HMENT)	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT LIST NEWBER		
Manager Name			Manager Name		ner strækkertlysk en fall		
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Vanager Name			Manager Name				
Street Address			Street Address				
Dity	State	Zip	City	State	Zip		
. RESIDENT AGENT IN				nach i jaga jaga	ng daga sadadag dag		
his information is curre	ently of record in the	Office of the Secr	etary of State. Changes require fi	ling Form 642.			

File State	FILED	Under penalty of pelijury, I declare and affirm that this report including any accompanying scheduland that all statements contained herein are true	es and statements.
Check No	SEP 3 0 2013	Signature of Authorized Person	9/18/2013
FOR SECRETARY OF STATE USE ON BY	3/767	Henry M. Polmer	,
		Frint or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012