

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. 106053		Exact name of the limited liability company PARK AVENUE MANAGEMENT, LLC						
100000					¥			
3. State of Formation	l l	4. Brief description of the character of business conducted in Rhode Island Acquiring, Developing, Leasing, Mortgage, Operating and Disposing of Real Property						
Rhode Island	Acquirin							
Principal office address 1288 OAKLAWN AVENUE			City Cranston	State RI	Zip 02920			
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON: **				
Contact Name Christopher D. DiFanti			Contact Title Member					
Street Address 1288 Oaklawn Avenue			City Cranston	State RI	Zip 02920			
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN R	HODE ISLAND	1		<u></u>	I			
This information is curren	tly of record in the	Office of the Secr	etary of State. Changes require	e filing Form 642.				

File Date	one.	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statemen			
Check No		SEP 3 0 2013	and that all statements contained herein are true and correct.			
Ву:	BY	1322	Signature of Authorized Person Christopher D. DiFanti, Member	Date 9 // / 2013		
FOR SECRETARY OF STATE US	E ONLY		- Chilacopher D. Diranci, Member	9/6/2013		

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012