

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.		2. Exact name of the limited liability company 9 MANOR ROAD, LLC					
000795414	SINARO	K KOAD, LLC					
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real Est	Real Estate					
5. Principal office address 1288 OAKLAWN AVE	NUE		City Cranston	State RI	Zip 02920		
6. MAILING ADDRESS OF LI	MITED LIABILI	TY COMPANY AND NA	AME OF TITLE OF CONTACT	PERSON:			
Contact Name Christopher D. DiFant	i		Contact Title Manager	State Zip 02920 MPANY, IF APPLICABLE - DO NOT LIST HEMBER			
Street Address 1288 Oaklawn Avenue			City Cranston		Zip 02920		
7. LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHME		DRESSES) OF THE LII	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LISTEMEMBERS		
Manager Name Christopher D. DiFanti			Manager Name				
Street Address 1288 Oaklawn Avenue			Street Address				
City Cranston	State RI	Zip 02920	City	State	Zip		
Manager Name	•		Manager Name	•			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHO	DE ISLAND						
This information is currently	of record in th	e Office of the Secret	ary of State. Changes require	filing Form 642.			

File Date	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
Check No.	SEP 3 0 2013			
By:	1105	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY		Christopher D. DiFanti, Manager	9//6/2013	
FUNDEUNE ANT UPSTATE USE UNLY		Print or Type Name of Authorized Person	· · ·	

Form No. 632 Revised: 01/2012