

## 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

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## 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 na	2. Exact name of the limited liability company					
116973	Yaleviil	Yaleville Properties, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island     Real estate business					
RHODE ISLAND	Real est						
5. Principal office address 1130 Ten Road Road			City North Kingstown	State RI	Zip <b>02852</b>		
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:			
Thomas Regan	ime s Regan		Contact Title Member				
Street Address 1130 Ten Road Road			City North Kingstown	State RI	Zip <b>02852</b>		
7. LIST <u>ALL</u> MANAGERS ( "X" BOX FOR ATTACHI	NAMES AND ADI	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLICABLE - DO	NOT LIST MEMBERS		
Manager Name <b>None</b>			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
Dity	State	Zip	City	State	Zip		
. RESIDENT AGENT IN RH	IODE ISLAND						
		Office of the Secr	etary of State. Changes require filing	Form 643			
	.,	. Office of the Sect	ctary or state. Changes require filing	Form 642.			

File Date		this report, including any accompanying sched	lules and statements.
Check No	FILED	and that all statements contained herein are tru	e and correct.
By:	SEP 3 0 2013	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	JEF J 0 2010	Thomas Regan	
	10115	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012