

## 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 name of the limited liability company						
000486033	TC Johr	TC Johnston, LLC						
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island						
RI		To Acquire by Purchase, Exchange, Lease, Hire or Otherwise Real Estate Property of Every Kind						
5. Principal office address 75 Sockanosset Cro	ossroad, Suite	204	City Cranston	State <b>RI</b>	Zip <b>02920</b>			
6. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND N	IAME OR TITLE OF CONTACT	PERSON:				
Contact Name Jeffrey Saletin			Contact Title Member					
Street Address 75 Sockanosset Cro	ssroad, Suite	204	City Cranston					
7. LIST <u>ALL</u> MANAGERS ( ("X" BOX FOR ATTACH	(NAMES AND ADI MENT) 🔲	RESSES) OF THE L	IMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS			
Manager Name				Manager Name				
Jeffrey Sales	ta							
Street Address 7			Street Address					
<u>75 Sockanosse</u> Dity	+ Crossras	d Suite 204						
Oity Cransten	State R /	/ <b>Zip</b> // クよっより	City	State	Zip			
Manager Name			Manager Name					
Street Address	<del> </del>		Street Address	····				
City	State	Zip	City	State	Zip			
B. RESIDENT AGENT IN FI	HODE ISLAND							
This information is curren	tly of record in th	e Office of the Secre	tary of State. Changes require	filing Form 642.				

File Date	FILED	Under penalty of perjury, I declare and affirm that this report, including any accompanying scriedule	
Check No.	OCF 0 1 2013	and that all statements contained herein are true	
BY	218	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012