

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. 696224	View Pr	2. Exact name of the limited liability company View Properties, LLC					
3. State of Formation Rhode Island	4. Brief des Real est	Brief description of the character of business conducted in Rhode Island Real estate and any other lawful activities					
5. Principal office address 780 Reservoir Ave	, Suite 290		City Cranston	State RI	Zip 02910		
6. MAILING ADDRESS C	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name Anthony R. Thomp			Contact Title	Contact Title			
Street Address 780 Reservoir Ave, Suite 290		City Cranston	State RI	Zip 02910			
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADI HMENT) [DRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address		·	Street Address				
City	State	Zip	City	State	Zip		
anager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
B. RESIDENT AGENT IN I				l			
his information is curre	ntly of record in the	Office of the Secr	etary of State. Changes require	fillng 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, and that all statements contained herein are true and correct.		
Check No	OCF 0 1 2013	Signature of Authorized Person	09/27/2013	
Ву:	OCT 0 1 2013	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE OF	305	Anthony R. Thompson		
		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012