

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				
000230313	Ten	New Ro	Ad LLC		
3. State of Formation	4. Brief description	on of the character of bu	siness conducted in Rhode Island	1 A	
RI	Real	Estate	MANAgeme	ut	
5. Principal office address			City	State	Zip
6: MAILING ADDRESS OF LIM	ITED LIABILITY C	OMPANY AND NAME C	R TITLE OF CONTACT PERSO	Ń.	c a Aye he collect
Contact Name Diane DucoFF			Contact Title 1705+e		
Street Address Fork Row West Aft 805			Providence	State	Zip 02·103
7. LIST ALL MANAGERS (NAI ("X" BOX FOR ATTACHMEN	MES AND ADDRÉS IT) 🔲		LIABILITY COMPANY, IF APPL	ICABLE - <u>DO NO</u>	T LIST MEMBERS
Manager Name DVCOFF			Manager Name		
Street Address Park Row West APT 805 City Park Row State RI Zip 02903			Street Address		
City Prus Rayer	State	Zip 02903	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHOD	E ISLAND				3 0 50
This information is currently of	of record in the Off	ice of the Secretary of	State, Changes require filing F	orm 642.	
		FU FD			07 -4 AMIII: 1
		HILED	11/0		9 KIM
		OCT 0 1, 2013			
File Date	BY Ĵ	12075	Under penalty of perjury, I o this report, including any ac and that all statements con	companying scho	edules and statements,
Check No			DIENO DUI	(50)	9/27/201
Ву			Signature of Authorized Perso		Date
FOR SECRETARY OF STATE	USE ONLY		<u>Diane</u>	DUCOFF	
	State T		Print or Type Name of Authori	zea Person	

Form No. 632 Revised: 01/2012