

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.

Rosacie Realty LLC 3. State of Formation RL 4. Brief description of the character of business conducted in Rhode Island RL State 5. Principal office address 187 Pulg atory Rd 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Contact Title Street Address 187 Pulg atory Rd City Exetee State I Zip O2822 Contact Title City Exetee State I Zip O2822 Contact Title City Exetee State I Zip O2822 City Exetee Manager Name Manager Name	1. Entity ID No.	2 Event name	-6+b11121-121	***		
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Inter Address State Zip City State Zip Inanger Name Manager Name Interest Address Street Address Street Address State Zip RESIDENT AGENT IN RHODE ISLAND Inis Information is currently of record in the Office of the Secretary of State. Changes require filling Form 642. FILED OCT 0 7 2013 By Manager Name 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 berein are true and correct. Our SECRETARY OF STATE USE ONLY Carreer Name Carreer Address Interest Addres	anagor ramo			Manager Name		
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RESIDENT AGENT IN RHODE ISLAND Inis Information is currently of record in the Office of the Secretary of State. Changes require filling Form 642. FILED OCT 0 7 2013 By Mac A 1229 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements and the all statements contained begin are true and correct. Signature of authorized Person Date OR SECRETARY OF STATE USE ONLY	reet Address		······································	Street Address		
PRESIDENT AGENT IN RHODE ISLAND Its Information is currently of record in the Office of the Secretary of State. Changes require filling Form 642. FILED OCT 0 7 2013 By March 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 begin are true and correct. By: Signante of authorized Person Date OR SECRETARY OF STATE USE ONLY				o o o o o o o o o o o o o o o o o o o		
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Revised: 01/2012