

## 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	***		
3. State of Formation RL Real Estatu  City Exetel Statu  City Exetel Statu  Sity   2ip 02822  B. MAILING ADDRESS OF LIMITED LIABULTY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title Conta	-					
RI Real Estate  S. Principal offige address  [87] Lug afory By  Malling Address of Limited Liability Company and Name or Title of Contact Title  Contact Title  Screen State  Contact Title  Contact Titl		705/	que Re	alty LLC		
State   Zip   City   Ci					land	
SALE OF CONTACT PERSON:  Contact Tiple Of Contact Person  Contact Tiple Of Conta	KI	Rea	1 Estat	<b>-</b>		
ALLING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Tile  Cont		n. 77 (		City C +	State	Zip
Contact Title  G. CATTHEINE Audet  Contact Title  G. CATTHEINE Audet  Contact Title  Contact Tit			CAUDANY ALIDA			02822
Manager Name   Mana	Contact Name	. A	OMPANT AND N	Contact Title	SON:	
Manager Name   Manager Name   Manager Name   Manager Name   Street Address   Street Addre	G. CATHERIA	re Aud	er	Secreti	ARY	
Manager Name   Manager Name   Street Address   Street A	181 Purgatory Rd			City Exeter	State & I	
Manager Name   Manager Name   Manager Name   Manager Name   Street Address   Street Addre	· LIGI <u>MET</u> MANAGENS (NAN	IES AND ADDRE:	SSES) OF THE L	IMITED LIABILITY COMPANY, IF AF	PLICABLE - DO N	OT LIST MEMBERS
Street Address  State  Zip  Zip  State  Zip  Zip  State  Zip  Zip  State  Zip  Zip  St	( 12 DOM: ON MINISTRAL	T) [				V. HO. MLMBERG
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		
Inanger Name  Manager Name  Manager Name  Street Address  FILED  OCT 0 7 2013  By MANAGEMENT IN RHODE ISLAND  OCT 0 7 2013  By MANAGEMENT IN GRAPH IN THE ADDRESS OF	Street Address			Street Address		
fanager Name  Manager Name  Manager Name  Manager Name  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  FILED  OCT 0 7 2013  By MMAD  OUT 0 7 2013  By MMAD  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.  Street Address  Street Address  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.  Street Address  Street Address  State  Zip  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.  Street Address  Address  Address  Date  FIRE DETAILS Address  Address  Date	Dity	State	Zin.	Ciby	lau	
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			Z 'P'	City	State	Zíp
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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		
FILED  OCT 0 7 2013  By #1229  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.  Sy:	ity	State	Zip	City	State	Zip
TILED  OCT 0 7 2013  By #1229  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.  Sy:  Signature of Authorized Person  Date  OR SECRETARY OF STATE USE ONLY	RESIDENT AGENT IN RHODE	EISLAND				
FILED  OCT 0 7 2013  By MMC  At 1229  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.  Signature of authorized Person  Date  OR SECRETARY OF STATE USE ONLY	is information is currently of	record in the Off	ice of the Secret	ary of State. Changes require filing	Form 642.	
DCT 0 7 2013  By Mac  H 1229  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.  By:						
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this report, including any accompanying schedules and statements and that all statements contained herein are true and correct.  Check No  Signature of Authorized Person  Date  FOR SECRETARY OF STATE USE ONLY		CA	111/2	2/		
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Signature of Authorized Person  Date  FOR SECRETARY OF STATE USE ONLY  Date				and that all statements co	accompanying sch ntained berein are i	edules and statements, true and correct.
Signature of Authorized Person Date  FOR SECRETARY OF STATE USE ONLY  Signature of Authorized Person Date	Jheck No	····		_ ( / nlue	ic Auda	
	Эу:	···		Signature of Authorized Per	son -	
Print or Type Name of Authorized Person	OR SECRETARY OF STATE U	SE ONLY		G. CATHE	RINE AL	edet
				Print or Type Name of Author	rized Person	

Revised: 01/2012