

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.		ne of the limited liab	oility company														
149109	49109 LMA Realty, LLC																
3. State of Formation	I	cription of the chara		er of business conducted in Rhode Island													
RI	OMILEISE	iip oi reai estai	.c														
5. Principal office address 8120 Huntfield Drive	e		City Fulton	State MD	Zip 20759												
	LIMITED LIABILI	Y COMPANY AND	NAME OR TITLE OF CONTAC	TPERSON:													
Contact Name Caroline Agresti			Contact Title														
Street Address 8120 Huntfield Drive	9		City Fulton	State MD	^{Zip} 20759												
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY	; IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS												
Manager Name			Manager Name														
Street Address			Street Address	Street Address													
City	State	Zip	City	State	Zip												
Manager Name			Manager Name	Manager Name													
Street Address			Street Address	Street Address													
City	State	Zip	City	City State													
8. RESIDENT AGENT IN R																	
This information is curren	itly of record in the	e Office of the Sec	retary of State. Changes requir	re filing Form 642.													
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Form No. 632

Revised: 01/2012

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

Caroline Agresti

Print or Type Name of Authorized Person