

## 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 liabili	ity company		
161504	Mohegan Shores, LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Realty Ho	olding Company	<b>/</b>		
5. Principal office address  164 Centerville Road			City <b>Warwick</b>	State RI	Zip <b>02886</b>
		Y COMPANY AND N	IAME OR TITLE OF CONTACT	PERSON:	
Contact Name Michael J. Revens			Contact Title Member		
Street Address 164 Centerville Road			City <b>Warwick</b>	State RI	Zip <b>02886</b>
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	IAMES AND ADD	RESSES) OF THE L	IMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS
lanager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
B. RESIDENT AGENT IN RH	ODE ISLAND				
This information is current	y of record in the	Office of the Secre	etary of State. Changes requir	e filing Form 642.	
	F	ILED			
	OCT	<b>0.7</b> 2013			
	By_/	MNC # 1470	.) )		
		. ,	this report includi	ng any accompanying	ffirm that I have examined schedules and statements
File Date	<del></del>		and that all statement	ents contained herein	are true and correct.
Check No			Signature of Author	A Company	1 R le Date

Michael J. Revens, Member

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

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