

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				
792640	Lofts 12	5 Tenant II LLC				
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
RI	manage	real estate				
5. Principal office address 125 Goff Street			City Pawtucket	State RI	Zip 02860	
6. MAILING ADDRESS OF	CINITED CLARKE	TY COMPANY AND	NAME OF TITLE OF CONTACT F	ERSON:	4.50 (2.6)	
Contact Name Rebecca Spencer			Contact Title Member			
Street Address 325 Myrtle Avenue #1005			City Bridgeport	State CT	^{Zip} 06604	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		DRESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - <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	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
This information is curren	ntly of record in th	e Office of the Secr	etary of State. Changes require	filing Form 642.	·	
		FD(1				

FILED

OCT 07 2013

File Sate

Check No

By:

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 Rebecca Spencer

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012