

## 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                              |                                       |                              |                     |  |  |
|---|--|---|---------------------------------------|------------------------------|---------------------|--|--|
| 145278  | IRAIL'S  | END PROPER  | TY MANAGEMENT AND                     | DEVELOPMENT, L               | .LC                 |  |  |
| 3. State of Formation   | 4. Brief des   | 4. Brief description of the character of business conducted in Rhode Island |                                       |                              |                     |  |  |
| RHODE ISLAND  | purchas  | e, sale ownersi   | hip and management of r               | nd management of real estate |                     |  |  |
| 5. Principal office address 59 Pound Road, P. O. Box 805  |  |   | City<br>Chepachet                     | State<br>RI                  | Zip<br>02814        |  |  |
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| Contact Name Kevin A. LaVoie  |  |   | Contact Title <b>Member</b>           |                              |                     |  |  |
| Street Address 59 Pound Road, P. O. Box 805   |  |   | City<br>Chepachet                     | State RI                     | Zip<br><b>02814</b> |  |  |
| The same that the same of the |  |   | anings zein Germent                   |                              |                     |  |  |
| Manager Name<br>None  |  |   | 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                 |  |  |
| લિંદ્રી જેલું કોઈ છે. તે કો જ્યાર ફિલ્મ મે  | सन्तर्भ विद्यालयो  |   |                                       | MANUFACTURE STATE            |                     |  |  |
| This information is curren  | tly of record in the   | Office of the Sec   | retary of State. Changes requir       | e filing Form 642.           |                     |  |  |

**FILED** 

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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.

Signature of Authorized Person

Date

Kevin A. LaVoie

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012