

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 nar	2. Exact name of the limited liability company				
139564	COP	PER BE	ECH REAL	TY, LLC	45-45-45-45-45-45-45-45-45-45-45-45-45-4	
3. State of Formation		cription of the charact		hode Island		
RI	RENT	TAL HOUS	E IN PROV	RF		
5. Principal office address 23 HILL CREST ROAS			WAKEFIE	ZLS RI	02879	
6. MAILING ÁDDRESS OF LI	IMITED LIABILIT	Y COMPANY AND N		T PERSON:		
Contact Name SUSAN M. MEEHAN			Contact THE MBER			
Street Address 23 HILCH	EST.	ROAD	City WAKE AL	ELD RI	02879	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	AMES AND ADD	RESSES) OF THE L	IMITED LIABILITY COMPAN	Y, IF APPLICABLE - DO 1	NOT LIST MEMBERS	
Manager Name N/A - No MANAGEAS			Manager Name	Manager Name		
Street #ddress			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						
This information is currently	y of record in th	e Office of the Secre	etary of State. Changes requ	ire filing Form 642.		

FILED

OCT 08 2013

File Date BY 49	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.		
Check No	Jusan M. Meekan 10-6-2013		
Ву:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012