

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.

| 154504 | D7 DEA | me of the limited liabil LTY, LLC | ity company | | | |
|---|------------------------|--------------------------------------|---------------------------------------|--------------------|---|--|
| | FZ KEAK | -11, LLO | | | | |
| 3. State of Formation | | | er of business conducted in Rhode Isl | land | | |
| RHODE ISLAND | REAL ES | STATE DEVELO | PMENT | | | |
| 5. Principal office address 27 SOUTH PIER ROA | SOUTH PIER ROAD, #C206 | | City NARRAGANSETT | State RI | Zip 02882 | |
| 6. MAILING ADDRESS OF | LIMITED LIABILIT | Y COMPANY AND N | IAME OR TITLE OF CONTACT PERS | SON: | ns pour la solite de l'écolor de la company de la comp L'institute de la company | |
| Contact Name ; ROBERT PUDDICON | MBE | | Contact Title | | | |
| Street Address 27 SOUTH PIER ROAD, #C206 | | | City NARRAGANSETT | State RI | Zip 02882 | |
| 7, LIST <u>ALL</u> MANAGERS (I | NAMES AND ADD | RESSES) OF THE L | IMITED LIABILITY COMPANY, IF AP | PLICABLE - DO | NOT LIST MEMBERS | |
| | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | Gity | State | Zip | |
| Manager Name | - I | | Manager Name | | . <u></u> | |
| Street Address | | | Street Address | | | |
| Dity | State | Zip | City | State | Zip | |
| B. RESIDENT AGENT IN RH | | | | | 2018 | |
| his information is currenti | y of record in the | Office of the Secret | tary of State. Changes require filing | Form 642. | 8 | |
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