

## 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. 128931		2. Exact name of the limited liability company TERRANOVA REALTY, LLC  4. Brief description of the character of business conducted in Rhode Island REAL ESTATE				
3. State of Formation  RHODE ISLAND						
5. Principal office address PO BOX 1965			City WESTERLY	State RI	Zip <b>02891</b>	
6. MAILING ADDRESS OF Contact Name SHEILIA T. BEATTIE		Y COMPANY AND N	AME OR TITLE OF CONTACT P Contact Title	ERSONE		
Street Address 236 POST ROAD			City WESTERLY	State RI	Zip <b>02891</b>	
7. LIST <u>all</u> managers ("X" box for attach		RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOTE STAME MEERS	
Manager Name STANTON J. TERRANOVA, SR.			Manager Name			
Street Address PO BOX 1965			Street Address			
City WESTERLY	State RI	Zip <b>02891</b>	City	State	Zip	
Manager Name		1	Manager Name	<b>'</b>		
Street Address			Street Address			
City	State	Zip	City	State	Zip .	
8. RESIDENT AGENT IN R						
This information is curren	00	FILED 9:1	ary of State, Changes require f	lling Form 642.	OCT -9 AM 9: 40	
	в <u>у ∽</u>	ICW	<del>.</del>			

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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

Date

SHEILIA T. BEATTIE

Print or Type Name of Authorized Person