

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. 791666		2. Exact name of the limited liability company ACLR Meridian, LLC				
3. State of Formation	1	•	cter of business conducted in Rhode Is uch interests in real property			
5. Principal office address 110 Osprey Dr.			City East Greenwich	State RI	Zip 02818	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:		
Contact Name Cindy Smith			Contact Title Manager			
Street Address 110 Osprey Dr.			City East Greenwich	State RI	Zip 02818	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF AI	PPLICABLE - DO	NOT LIST MEMBERS	
Manager Name	h		Manager Name	th		
Street Address	en Dr.		Street Address	above		
City Fact Greenwin	State	Zip 0 2 4 1 4	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	tly of record in the	Office of the Seci	retary of State. Changes require filin	g Form 642.		
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	FILED	
	OCT 09 2013	
File Date	BY_DIS	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		Lady & Smith 10/1/13
Ву:		Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY		Cindy L. Śmith
		Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012