



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 **2012**

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.

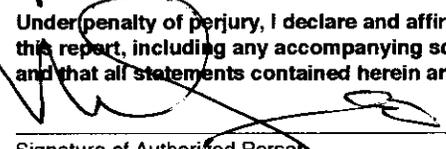
1. Entity ID No. 000104101		2. Exact name of the limited liability company BAYLINE REALTY, L.L.C.			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island HOLDING AND MANAGING REAL ESTATE.			
5. Principal office address 254 CHERRY HILL ROAD		City JOHNSTON	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MARCO LOFFREDO		Contact Title MEMBER			
Street Address 254 CHERRY HILL ROAD		City JOHNSTON	State RI	Zip 02919	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name MARCO LOFFREDO		Manager Name			
Street Address 254 CHERRY HILL ROAD		Street Address			
City JOHNSTON	State RI	Zip 02919	City	State	Zip
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.					

2013 OCT - 9 PM 3:04
 SECRETARY OF STATE
 CORPORATIONS DIV

FILED
 OCT 09 2013
 By 49-207948
 A. A. 3:05 P.M.

File Date _____
 Check No _____
 By: _____

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 10/9/13

MARCO LOFFREDO
 Print or Type Name of Authorized Person